Roadmap to the Ideal Crisis System: Lessons from Arizona

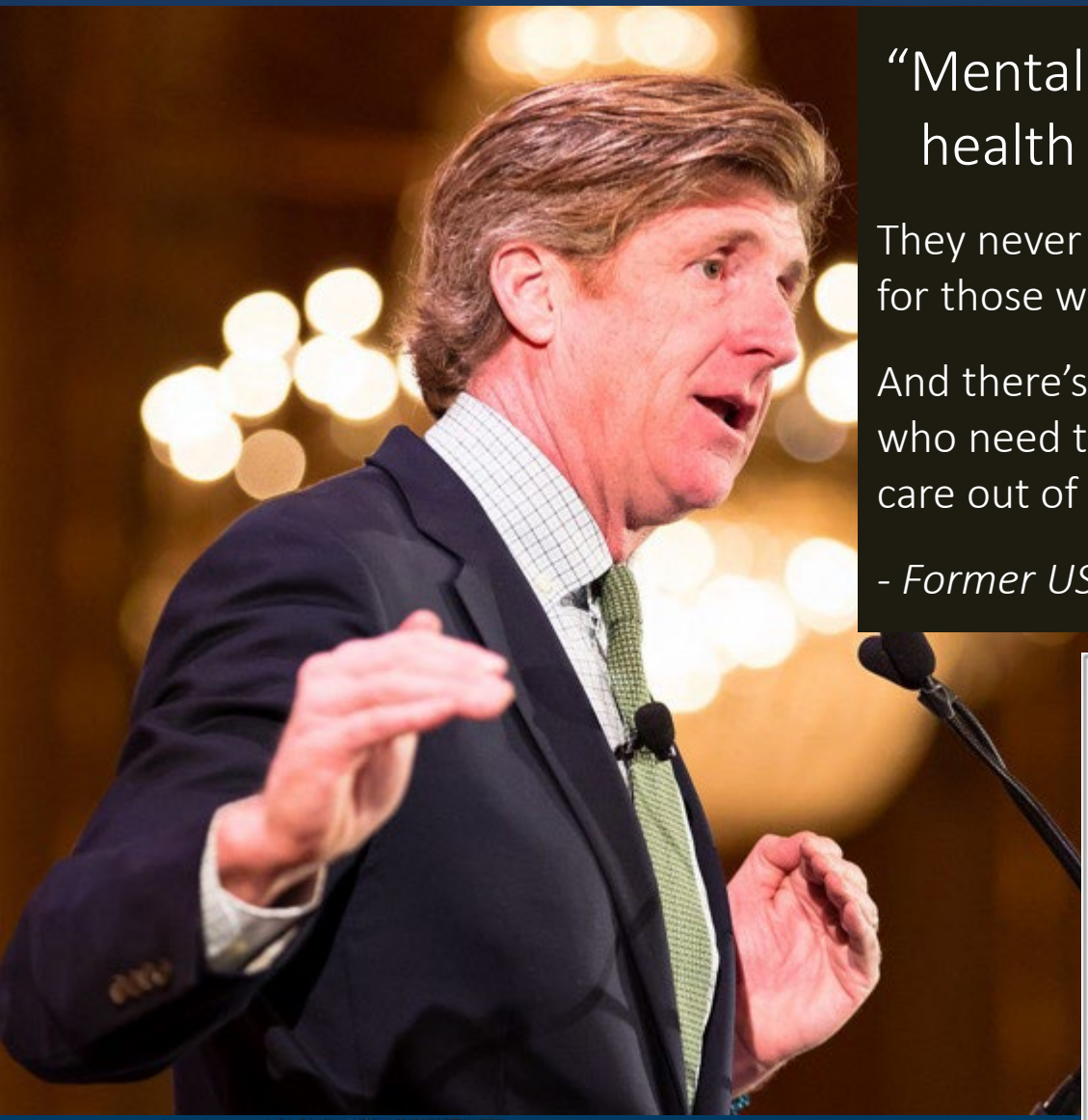
Margie Balfour, MD, PhD
Connections Health Solutions
Chief of Quality & Clinical Innovation
Associate Professor of Psychiatry, University of Arizona

connections HEALTH SOLUTIONS

Photo by Margie Balfour. Driving into Sedona

connections HEALTH SOLUTIONS

Access to behavioral healthcare is a social justice/civil rights issue



"Mental health & addiction are often left in the shadows of our health care system and treated in a separate & unequal way.

They never get reimbursed the same; there's never the same professional esteem for those who are delivering the care for mental health and addiction.

And there's never the respect for patients who are suffering from chronic illness and who need the same care as if they were suffering from diabetes but are denied that care out of stigma and bigotry."

- Former US Congressman Patrick Kennedy

2022 Report to Congress on the MH Parity & Addiction Equity Act of 2008

Shows **failures to deliver parity** in mental health & substance-use disorder benefits & supports **more enforcement** of the law

https://bit.ly/2022parityreport

connections HEALTH SOLUTIONS

911: WHAT'S YOUR EMERGENCY?

"I'm having chest pain."

"I'm suicidal."

Police-involved deaths

One quarter

are linked to **mental illness.**·

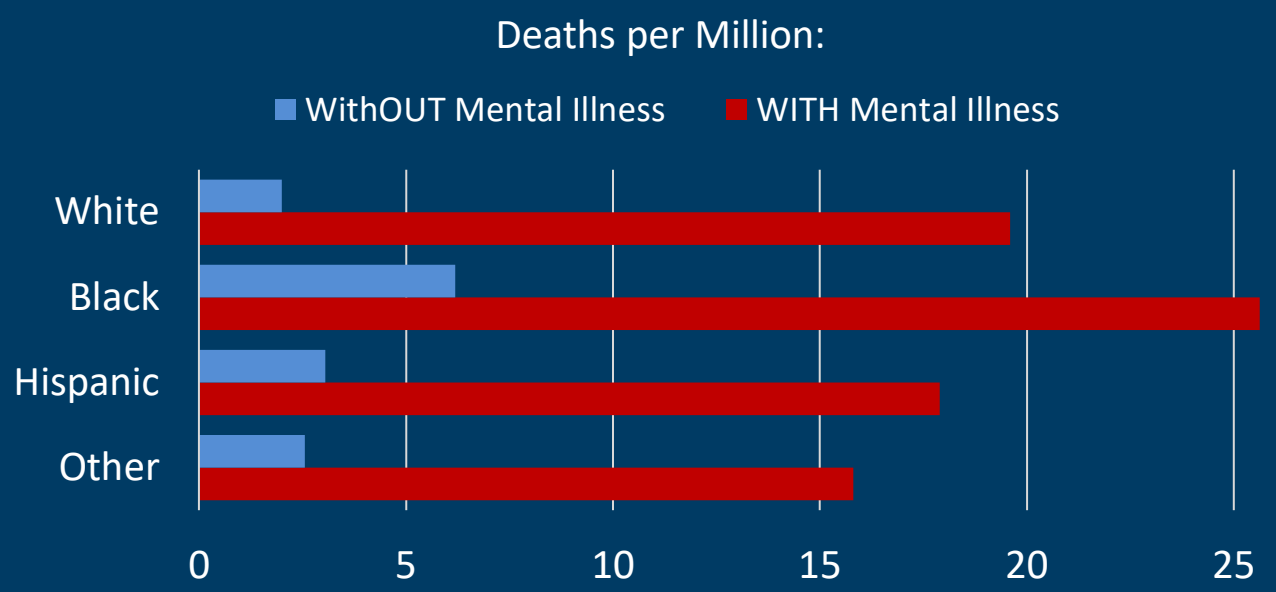
Half

occur in the person's own home.

The effect of mental illness is magnified by race/ethnicity:

Compared to Non-Hispanic Whites, the risk of being killed by police is

- **2.6x** for Black Americans
- **10x** for Black Americans *with mental illness*



connections HEALTH SOLUTIONS

Saleh AZ, Appelbaum PS, Liu X, Scott Stroup T, Wall M.(2018) Deaths of people with mental illness during interactions with law enforcement. Int J Law Psychiatry 58:110–6 https://doi.org/10.1016/j.ijlp.2018.03.003

The "Divert to What?" Question

Individuals experiencing crisis often end up in jail when officers don't have a quick and easy way to connect them to treatment.

Jails Are The New Asylums

- Prevalence of mental illness in jails and prisons is 3-4x that of the US population.
- Sentencing bias (e.g. harsher penalties for crack vs. powder cocaine) magnifies this disparity for people of color.

MYTH

"They'll get the treatment they need in jail."

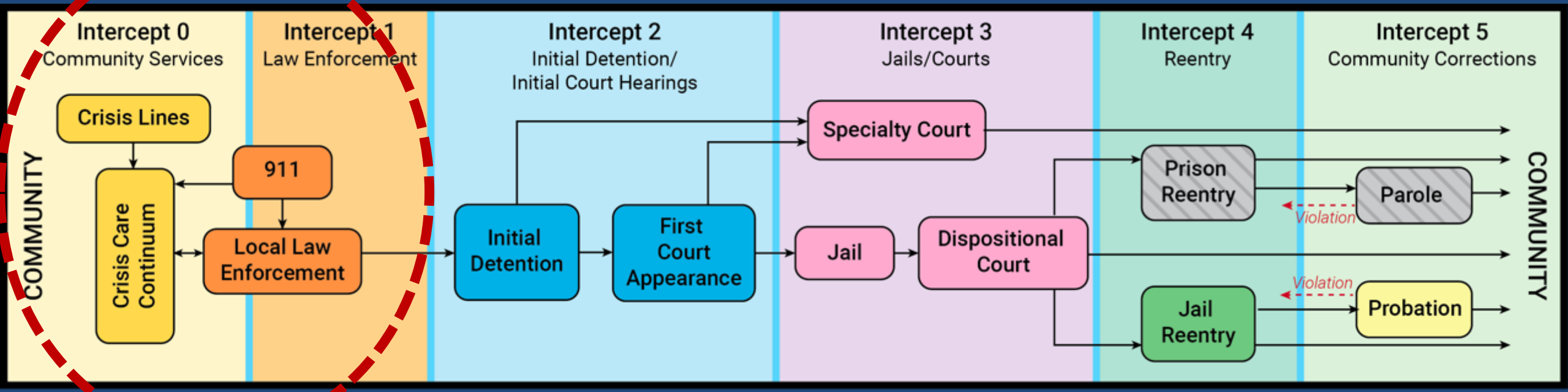
Only one quarter of men and 14% of women receive formal substance abuse treatment while incarcerated.

- Inmates with mental illness
  - Often do not get needed treatment
  - Incarcerated 2x as long at 2x the cost
  - 3x more likely to be sexually assaulted in jail
  - More likely to be homeless, unemployed, re-arrested upon release

connections HEALTH SOLUTIONS

Steadman HJ et al. (2009) Prevalence of serious mental illness among jail inmates. Psychiatric Services. 60(6):761-5.
Glaze LE, James DJ. (2006) Mental Health Problems Of Prison And Jail Inmates. Bureau of Justice Statistics.
Treatment Advocacy Center & National Sheriffs Association (2014). The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey
Dumont DM et al. (2012). Annu Rev Public Health. 2012 Apr 21; 33: 325–339.
Office of National Drug Control Policy

The Sequential Intercept Model
Intercepts 0 and 1 focus on *preventing arrest*



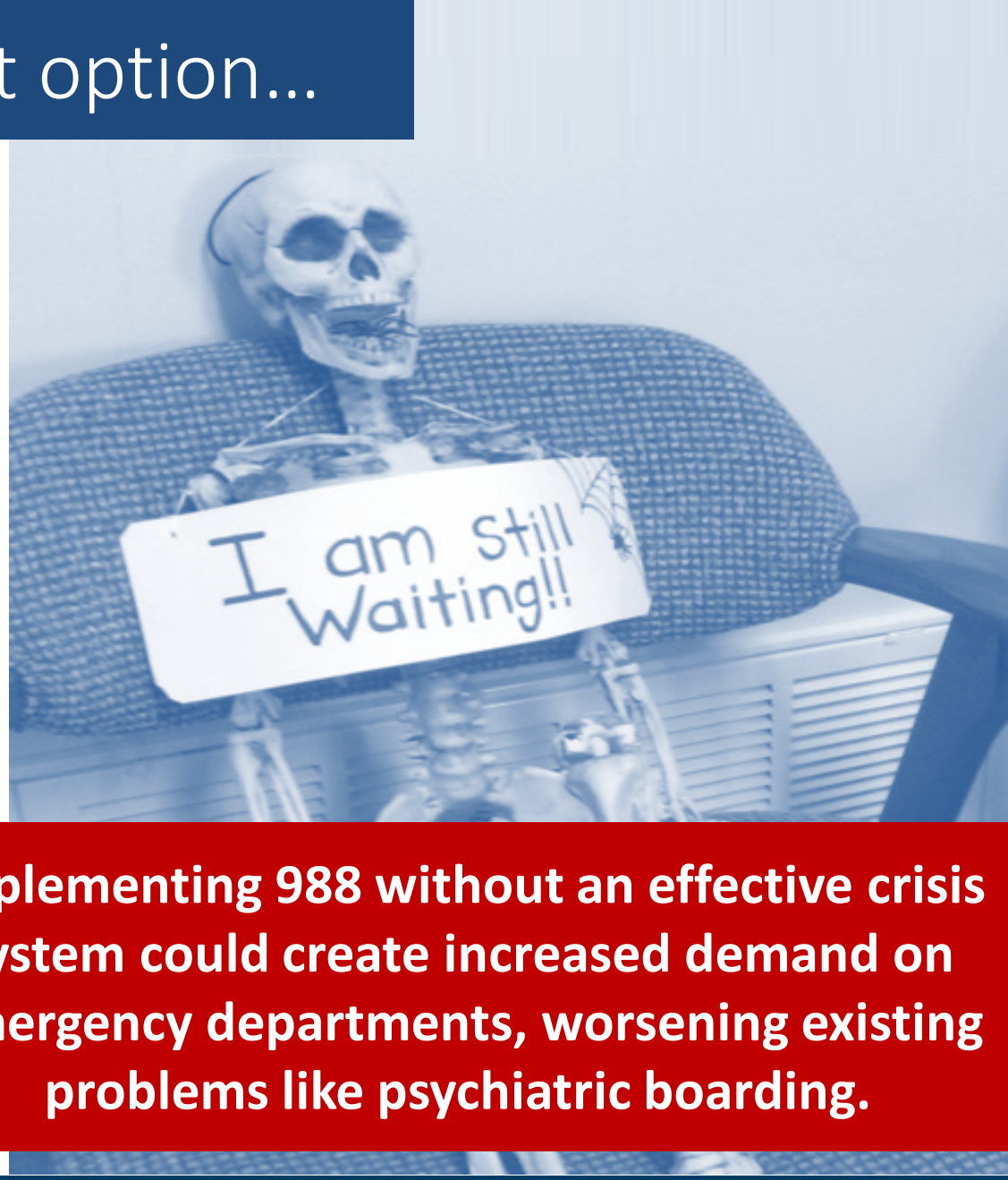
What is the Sequential Intercept Model?

- Every person follows a path through the justice system: Arrest, detention, arraignment, pre-trial, etc.
- At every point along this path, there is an opportunity for the behavioral health system to "intercept" the person and either
  - Stop them from progressing further (diversion)
  - Mitigate the effects of justice involvement
- Crisis services are focused on Intercept 1:
  - Interactions with law enforcement to prevent unnecessary arrest

Munetz MR and Griffin PA. (2006) "Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness." Psychiatric Services 57:4.

When the ED is the only treatment option…

- **62% of EDs report there are no psychiatric services** while patients are being boarded prior to admission or transfer
- Without treatment, the default disposition is transfer to an inpatient psych hospital
  - **84% of EDs report boarding** of psychiatric patients on any given day
- The result:
  - **Increased risk:** Assaults, injuries, self-harm
  - **Increased cost:** $2300/day
  - **Poor patient experience:** Nontherapeutic environment with untrained staff



Implementing 988 without an effective crisis system could create increased demand on emergency departments, worsening existing problems like psychiatric boarding.

Nordstrom K et al. Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document. *West J Emergency Med*. 2019 Jul 22;20(5):690-695. http://doi.org/10.5811/westjem.2019.6.42422

A behavioral health crisis is a potentially fatal health emergency.

BH emergencies require

A systemic response with the

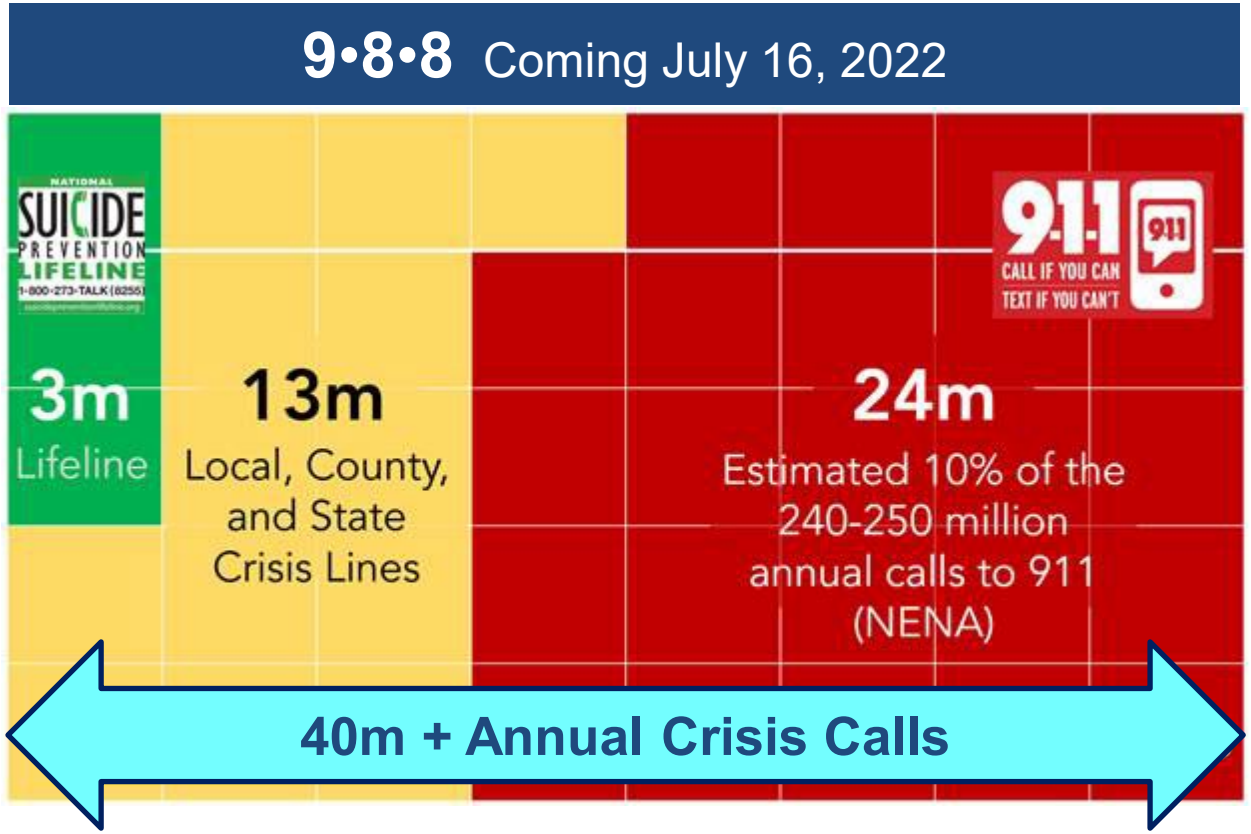
same quality & consistency

as we expect for other health emergencies like heart attacks and strokes.

WHERE'S THE PARITY?

connections HEALTH SOLUTIONS

988: The new Nationwide 3-digit number for behavioral health emergencies



- Replaces the current National Suicide Prevention Lifeline 1-800-273-TALK
- Phone, Text, and chat functions
- National standards
  - SAMHSA oversight
  - single national administrator
    Vibrant Emotional Health: www.vibrant.org
- People with BH emergencies now have an alternative to calling 911
- More info: https://www.samhsa.gov/988

988: What happens after the call?

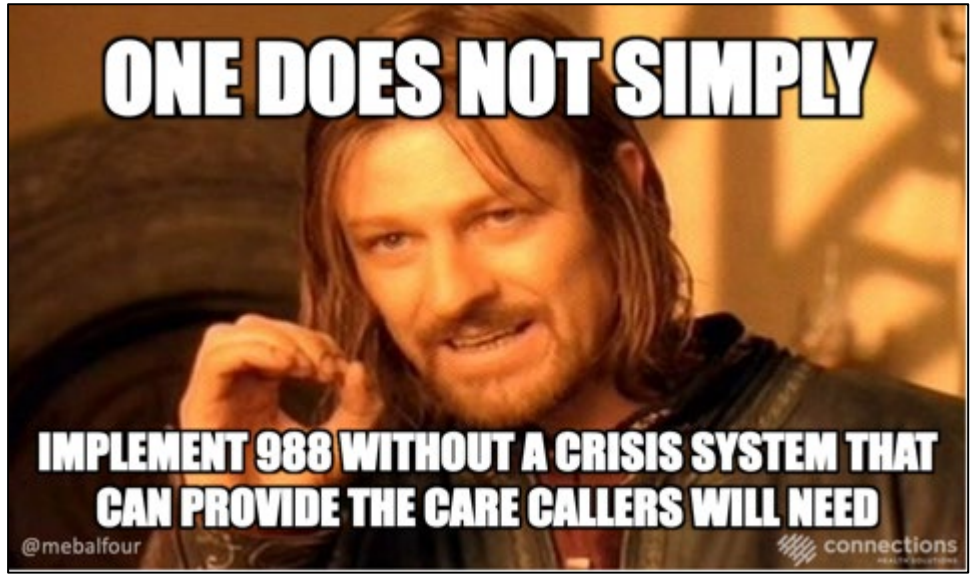
States have less than a year to implement a new **988 number for mental health emergencies.**

Communities will need a **crisis system with mobile teams & crisis stabilization facilities** to provide the care callers need.

(Just like 911 callers needed a system of ambulances and trauma centers to be built.)

Is your community ready?

Learn more at
CrisisNow.com & CrisisRoadmap.com



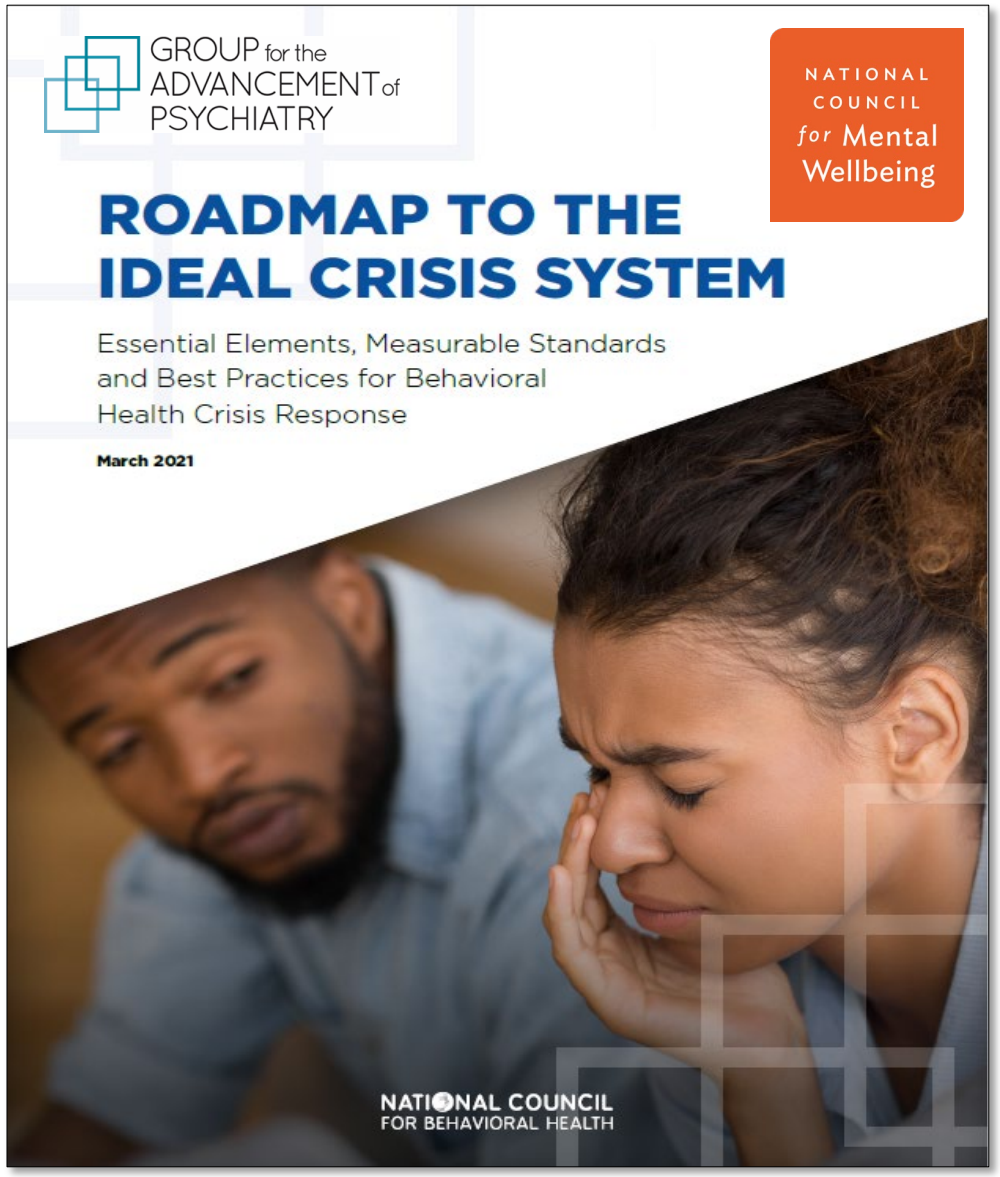
Behavioral Health Business

For 988 Suicide Hotline to Succeed, Communities Must Improve Crisis Services

By **Kyle Coward** | March 19, 2021

Share

In order for the shortened 988 suicide hotline to be a success when it rolls out in 2022, community stakeholders at various levels must do a better job helping individuals experiencing behavioral health crises, according to a new report published by the National Council for Behavioral Health.



Roadmap Vision

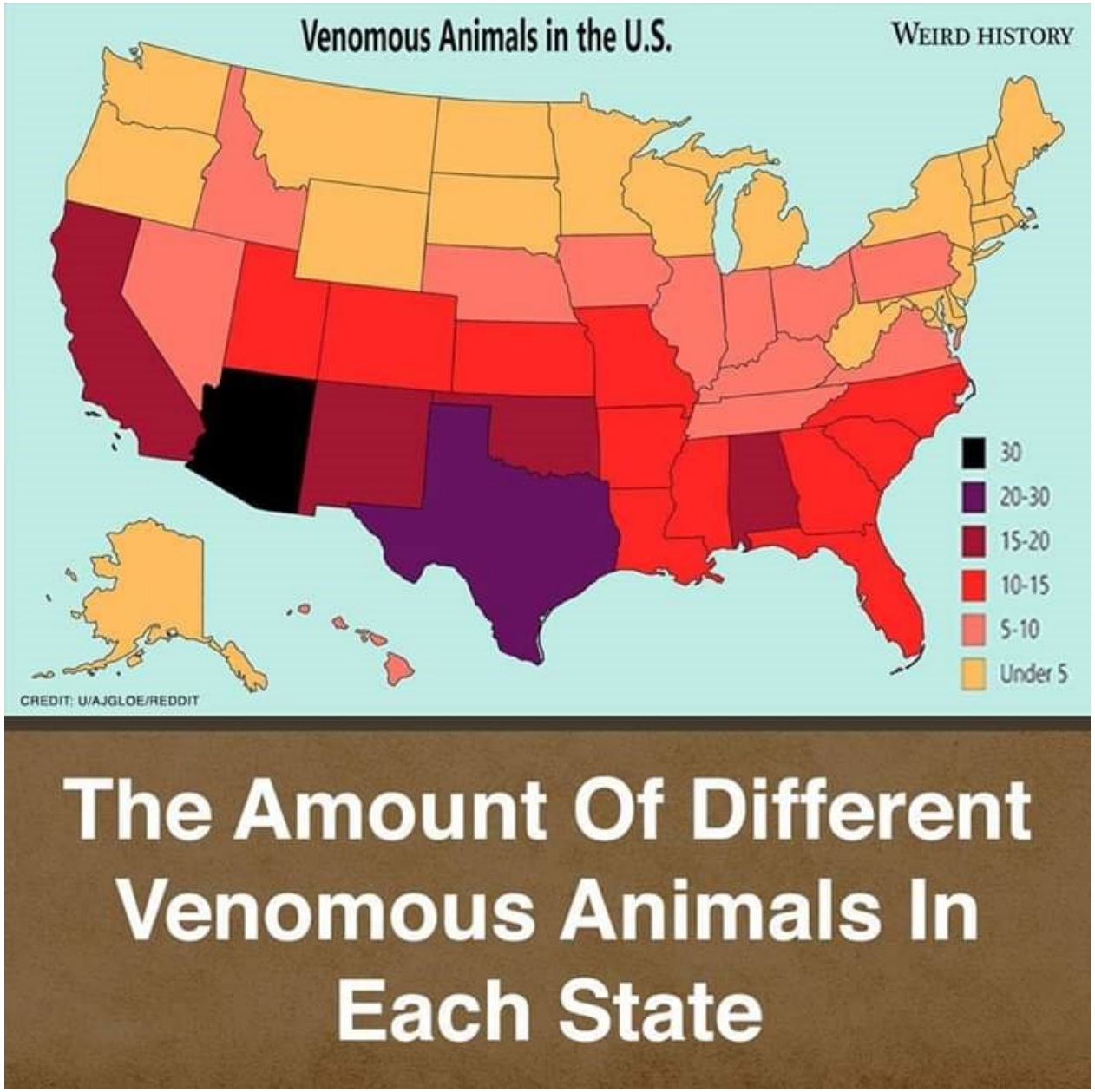
- Every individual/family in every community in the U.S. will have access to a continuum of best practice BH crisis services that are welcoming, person-centered, recovery-oriented, and continuous.
- **An excellent Behavioral Health Crisis System is an essential community service, just like police, fire and emergency medical services (EMS).**
- Every community should expect a highly effective BH crisis response system to meet the needs of its population.
- A BH crisis system is more than a single crisis program.
- **It is an organized set of structures, processes, and services that are in place to meet all types of urgent and emergent BH crisis needs in a defined population or community, effectively and efficiently.**

What's so special about Arizona?

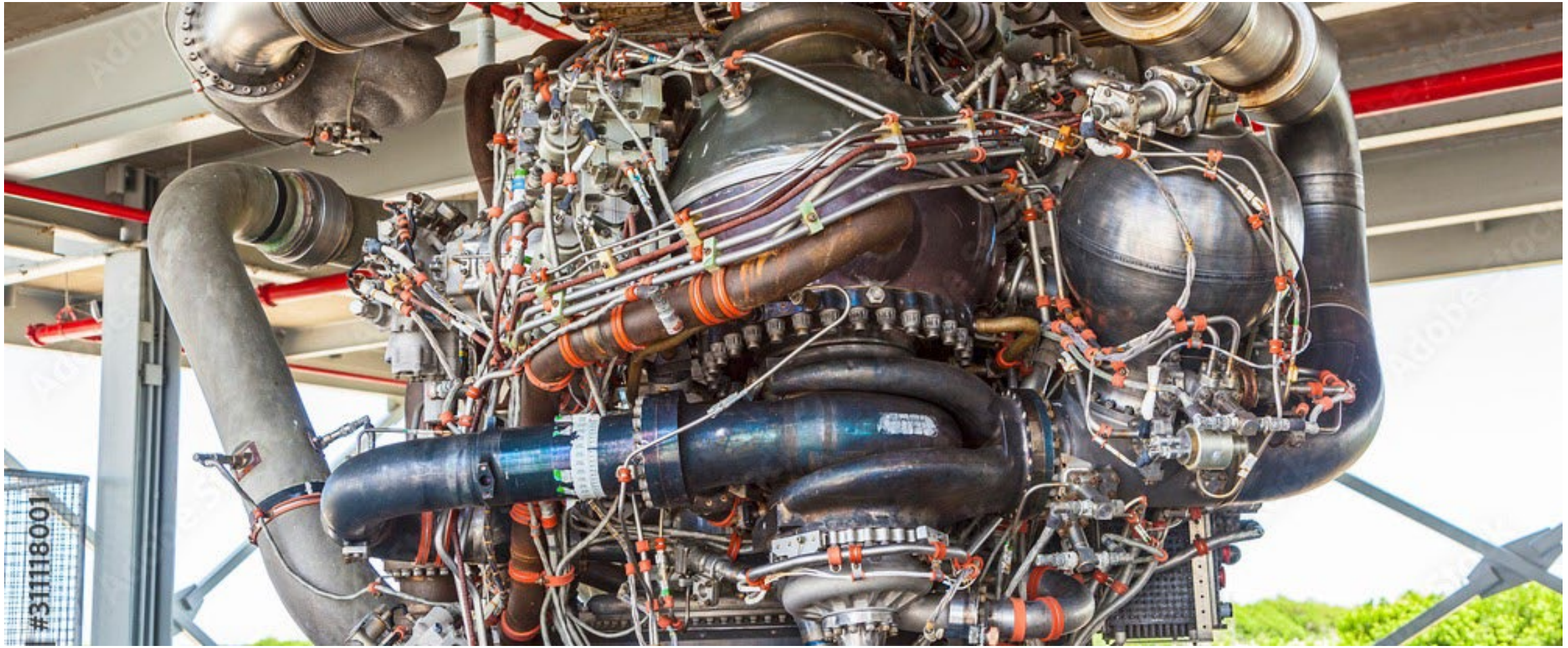
Arizona's crisis system design incorporates many of the principles outlined in the Roadmap.

and

Successes in Arizona informed much of the development of the Roadmap.

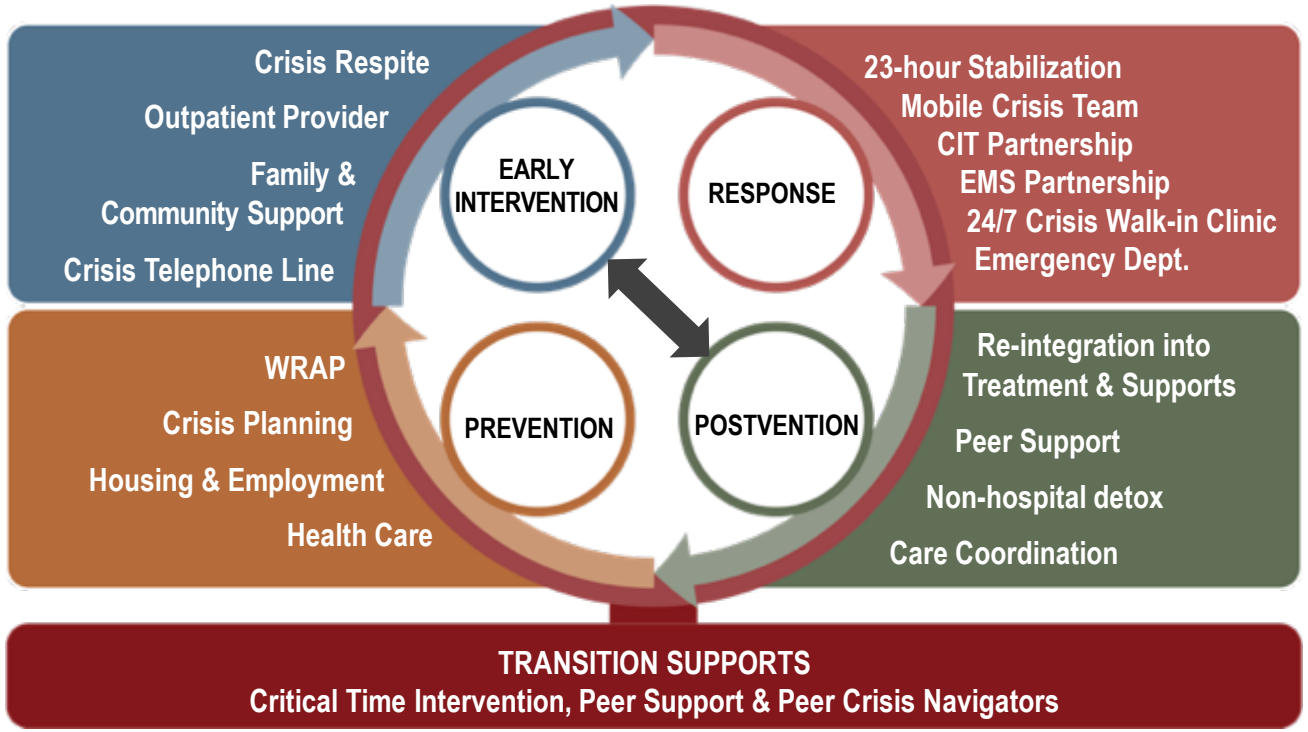


Key Feature: Systems Thinking



Systems Thinking

A crisis system is
more than a collection of services.



Adapted from: Richard McKeon (Chief, Suicide Prevention Branch, SAMHSA). Supercharge Crisis Services, National Council for Behavioral Health Annual Conference, 2015.

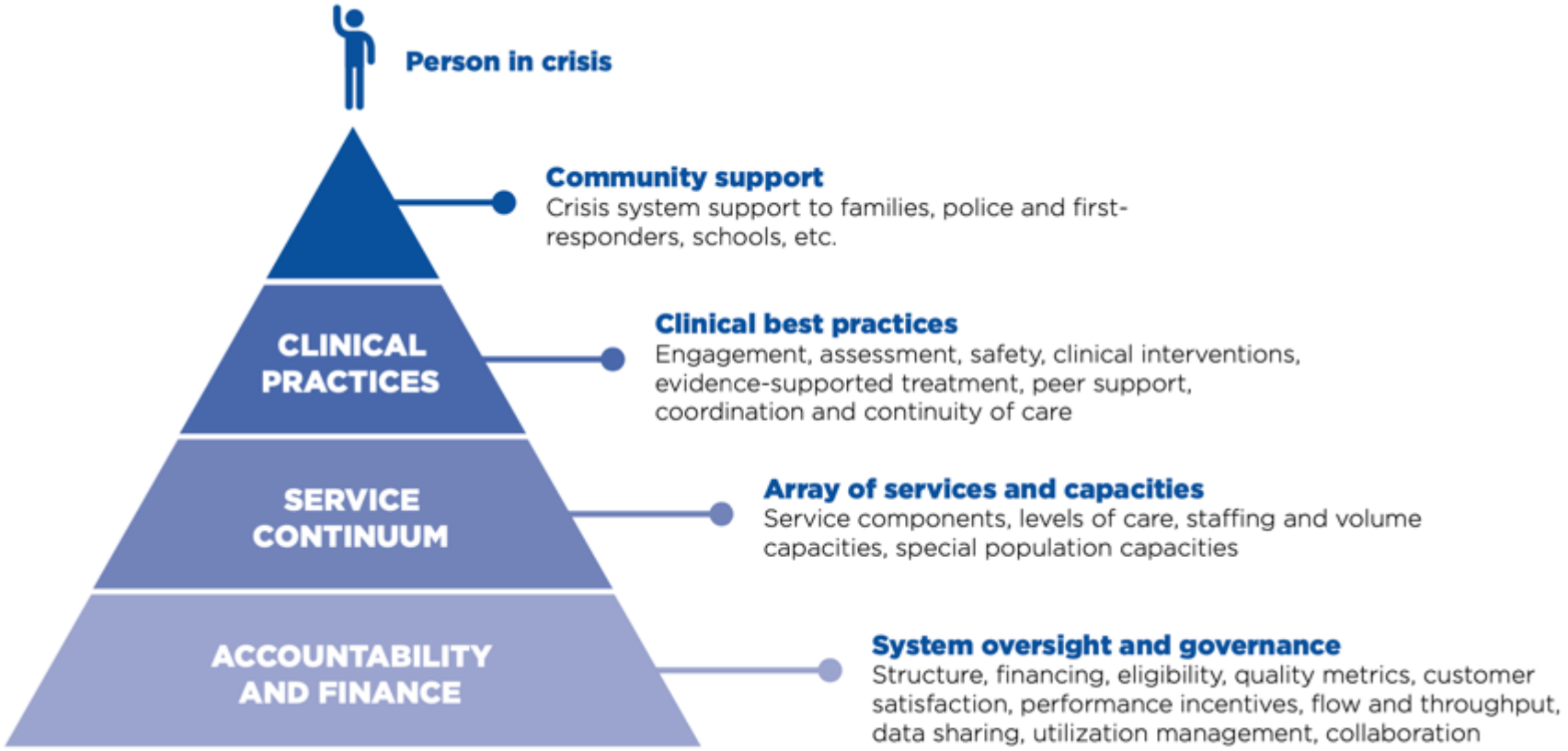
In a crisis **SYSTEM**,
the services
work together
to achieve
common goals.

The system is
more than the sum of its parts.

connections HEALTH SOLUTIONS

Start with a Strong Foundation

Crisis systems need a governance and financing structure that ensures accountability, oversight, and sustainability.

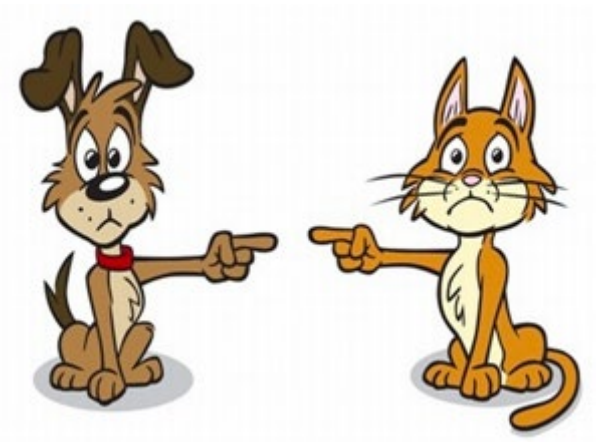


www.CrisisRoadmap.com

connections HEALTH SOLUTIONS

3 Key Ingredients for a SYSTEM

Accountability



- Who is *responsible* for the system?
- Governance and financing structure
- System values and outcomes
- Holding providers accountable

Collaboration

- Broad inclusion of potential customers, partners, & stakeholders
- Alignment of operational processes & training towards common goals
- Culture of communication & problem solving

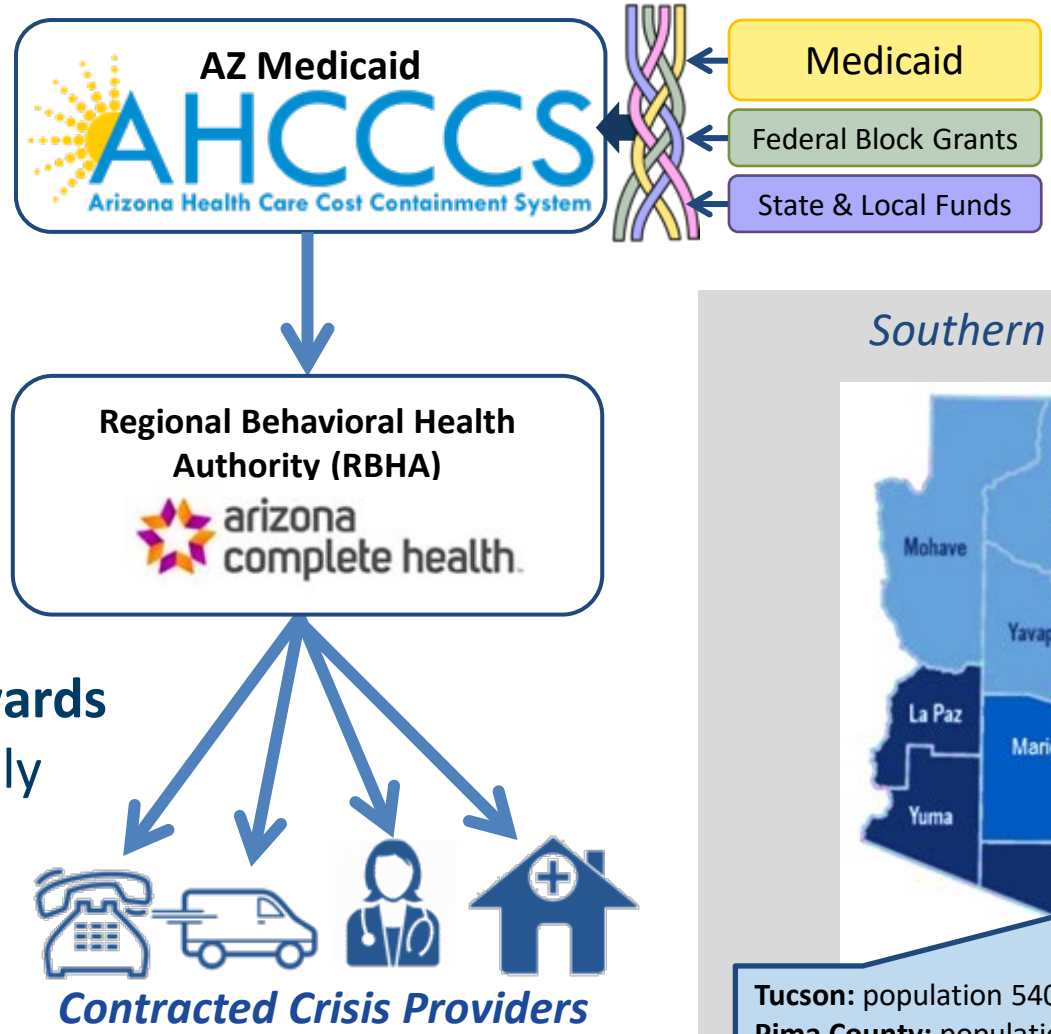
Data

- Are we achieving desired outcomes?
- Performance targets & financial incentives
- Continuous quality improvement
- Data driven decision making

Arizona Crisis System Financing & Governance Structure

creates the foundation for an organized, coordinated, & sustainable system

- A **"braided" funding** model maximizes the impact of multiple funding streams, creating a sustainable system that can serve everyone regardless of payer.
- A single **"accountable entity"** creates the structure for strategic planning and oversight.
- Contracted services are **aligned towards common goals** that are both clinically desirable & fiscally responsible:
  - **DECREASE use of ER, Hospital, Jail**
  - **INCREASE community stabilization**

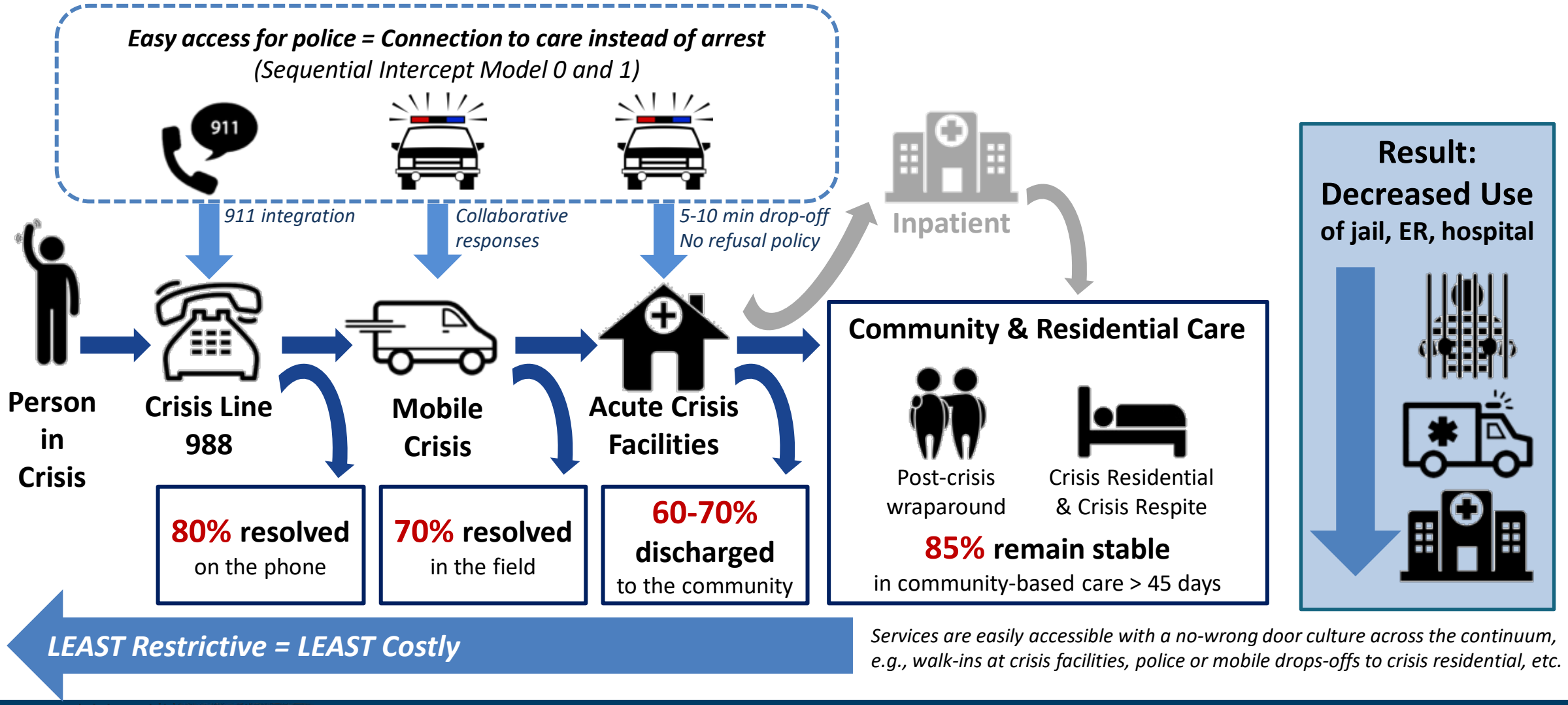


Southern Arizona Region

Tucson: population 540,000
Pima County: population 1 million · 9,187 sq. mi
125 miles of international border · 3 tribal nations
51% White, 38% Latino, 4% Native, 4% Black, 3% Asian

Alignment of crisis services toward common goals

care in the least restrictive (and least costly) setting



Services are easily accessible with a no-wrong door culture across the continuum, e.g., walk-ins at crisis facilities, police or mobile drops-offs to crisis residential, etc.

connections HEALTH SOLUTIONS

Adapted from: Balfour ME, Hahn Stephenson A, Delaney-Brumsey A, Winsky J, & Goldman ML (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. *Psychiatric Services*. Epub ahead of print Oct 20, 2021. https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202000721.

(Community stabilization rates are based on FY2019 data from the Southern Arizona region and were provided courtesy of Johnnie Gasper at Arizona Complete Health/Centene)

Many options for law enforcement to divert people to treatment instead of jail all with a culture of NO WRONG DOOR

Crisis Hotline
- Info, care coordination
- Direct line for LE
- Co-located at 911

envolve

Law Enforcement Training
- Supported by RBHA & multiple community partners
- Tucson PD and Pima Co Sheriff are 100% MHFA & 80% CIT trained

MENTAL HEALTH FIRST AID USA

CIT International

Crisis Response Center
- 24/7 Crisis Center for Adults and Youth
- <10 minute LE drop-off time
- Law enforcement never turned away
- Adjacent to ED, Court, Inpatient psych
- Clinic, 23 hour obs, initiation of Opiate MAT

connections HEALTH SOLUTIONS

Banner University Medical Center

PIMA COUNTY

Mobile Crisis Teams
- Masters level clinicians
- On-site crisis intervention
- 30-min response time for LE

Community Health Associates

CBI Community Bridges, Inc.

Access Point
- 24/7 Detox/Crisis for Voluntary Adults
- <10 minute LE drop-off time
- Transitions to substance use tx/MAT

CBI Community Bridges, Inc.

Substance Use Response Team (SURT)
- Co-responder team with peer and TPD
- Connect to treatment instead of arrest

codac Behavioral Healthcare

CODAC @380
24/7 MAT Clinic

codac Behavioral Healthcare

Regional Behavioral Health Authority
First Responder Liaisons
Responsible for the network of programs and clinics

arizona complete health

Mental Health Support Teams (MHST)
- Dedicated team specializing in civil commitment, challenging cases, and follow-up
- Officers/Deputies & Detectives

Homeless Outreach Team
- Co-responder team with peer and TPD

Old Pueblo Community Services

BH Services at the Jail
- Instant data exchange with MH history
- Risk screening
- Diversion programs, specialty courts, etc.

HOPE Incorporated

CBI Community Bridges, Inc.

PIMA COUNTY

Crisis Response Canines

connections HEALTH SOLUTIONS

19

Example of strategic service design

State says: Reduce criminal justice costs for people with SMI.

AHCCCS contracts with regional Medicaid MCOs/RBHAs and includes requirements targeted at reducing criminal justice involvement.

RBHA (which is at risk) uses contract requirements/VBP with its subcontracted providers to create services and processes targeted at reducing justice involvement.

Targeted Services and Processes:

Law Enforcement as a "preferred customer"

CRISIS LINE

- Some 911 calls are warm-transferred to the crisis line
- Dedicated LE number goes directly to a supervisor

MOBILE TEAMS

- **30 minute response time** for LE calls (vs. 60 min routine)
- Some teams assigned as **co-responders** (cop + clinician)

CRISIS CENTERS

- **24/7** crisis facility
- **Quick & easy drop-off** for law enforcement
- **No wrong door** – LE is never turned away

The Regional BH Authority is **more than just a payer.**

Arizona Complete Health (the Southern AZ RBHA) provides oversight, coordination, and support to the system via:

Dedicated Staff:

- First Responder Liaisons work with police, sheriff, EMS, 911
- Crisis Specialists oversee crisis programs and review systemic trends
- Title 36 Coordinators support civil commitment processes.
- Tribal Liaisons ensure culturally appropriate care to the 6 tribal nations in its catchment area.

Coordination functions:

- 1hr Urgent Engagements dispatched to obs units
- My Health Direct real-time scheduling tool
- Crisis Bed Connect bed board
- GPS tracking for crisis mobile teams
- Centralized data collection and review

arizona complete health

connections HEALTH SOLUTIONS

The Crisis Response Center

- Built with Pima County bond funds in 2011
  - County owns the building, services funded by the RBHA
  - Alternative to jail, ED, hospitals
  - Serving 12,000 adults + 2,400 youth per year
  - Operated by Connections Health Solutions since 2014
- Services include
  - 24/7 walk-in urgent care
  - 23-hour observation
  - Short-term adult subacute inpatient
- Police drop-offs with **NO WRONG DOOR that TAKES EVERYONE**
- Space for co-located community programs
- Unique Campus: CRC is adjacent to
  - Crisis Line Call Center
  - Banner University of Arizona Medical Center
    - Emergency Department
    - 66-bed inpatient psychiatric unit that performs most of Pima County's civil commitment evals
  - Mental health court

22
22

A Solution to the "Divert to What?" Question
Connections Culture of Treating LE as a "preferred customer"

CIT Recommendations for Mental Health Receiving Facilities[1]

1. Single Source of Entry
2. On Demand Access 24/7
3. **No Clinical Barriers to Care**
4. **Minimal Police Turnaround Time**
5. Access to Wide Range of Disposition Options
6. Community Collaboration

Studies show this model:

- Critical for pre-arrest diversion[2]
- Reduces ED boarding[3,4]
- Reduces hospitalization[3,4]

These two are the hardest to do well.

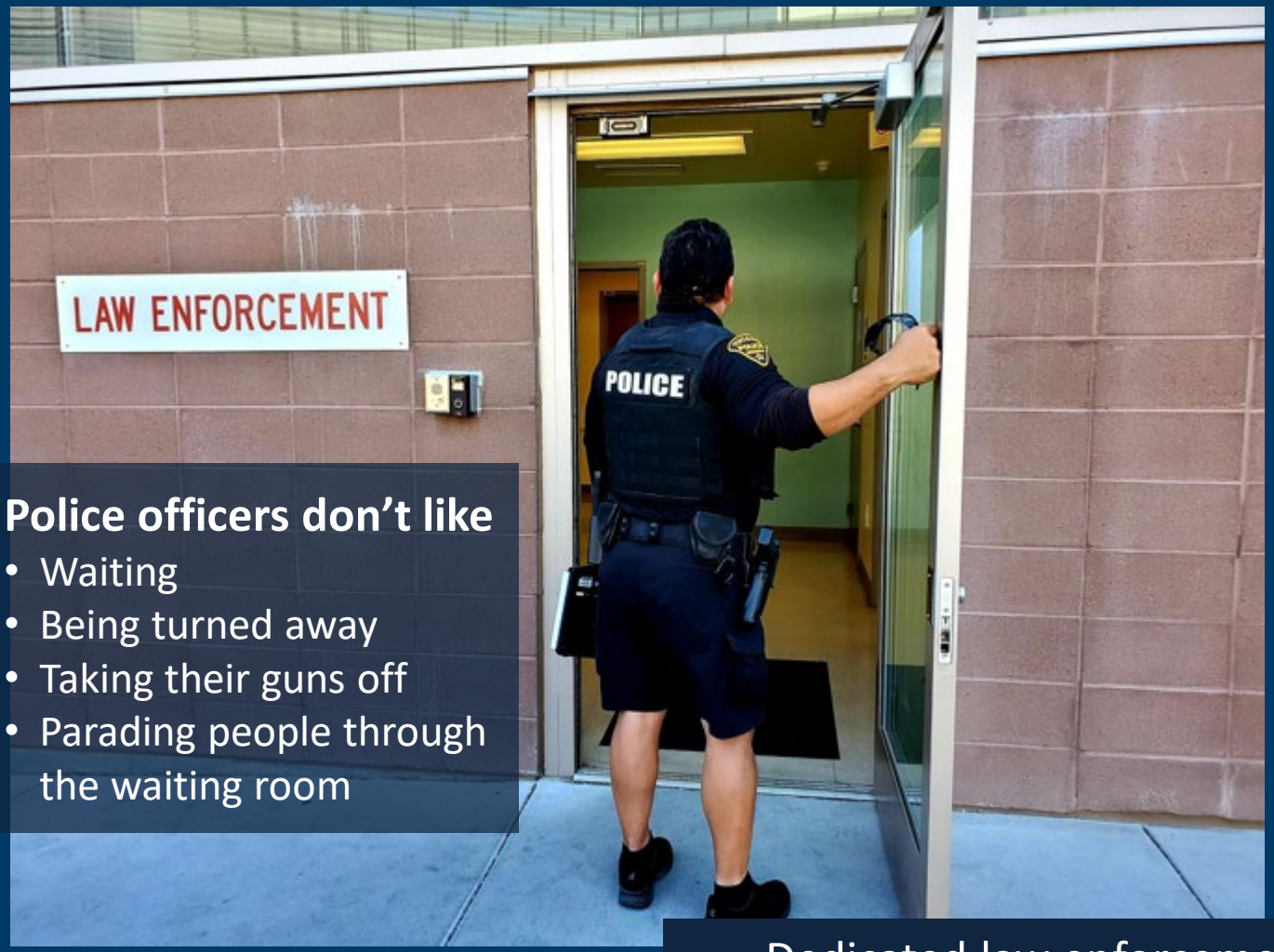
It means

- Be easier to use than jail.
- Drop off time less than 10 min
- Never turn police away.
- Take everyone:
  - High acuity: No such thing as "too agitated" or violent
  - Can be highly intoxicated
  - Involuntary or voluntary
  - Without using security guards

1. Dupont R et al. (2007). Crisis Intervention Team Core Elements. The University of Memphis School of Urban Affairs and Public Policy
2. Steadman HJ et al (2001). A specialized crisis response site as a core element of police-based diversion programs. Psychiatr Serv 52:219-22
3. Little-Upah P et al. (2013). The Banner psychiatric center: a model for providing psychiatric crisis care to the community while easing behavioral health holds in emergency departments. Perm J 17(1): 45-49.
4. Zeller S et al. (2014). Effects of a dedicated regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments. West J Emerg Med 15(1): 1-6.

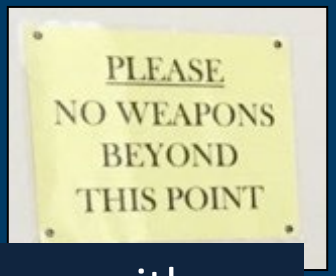
Quick and Easy Access for Law Enforcement

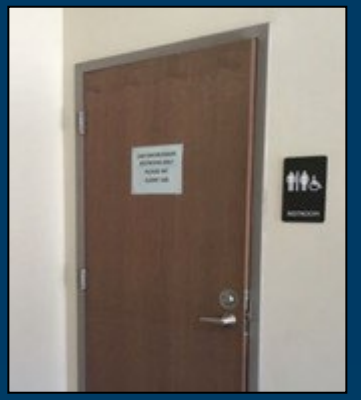
so that we're the preferred alternative to the jail or ED

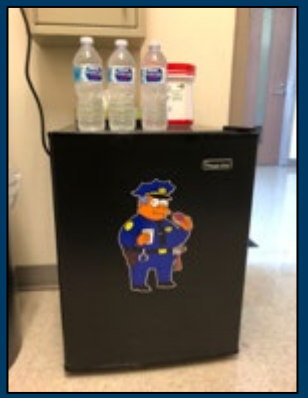


Police officers don't like

- Waiting
- Being turned away
- Taking their guns off
- Parading people through the waiting room







Dedicated law enforcement entrance with secure gated sally port and workspace

Crisis Response Center - Tucson AZ

connections HEALTH SOLUTIONS

23-hour observation: Interdisciplinary care starting with the *assumption that the crisis CAN BE resolved*

Interdisciplinary Teamwork

- 24/7 psychiatric provider coverage (MD, NP, PAs)
- Peers with lived experience, nurses, techs, case managers, therapists, unit coordinators

Early Intervention

- Door to doc time
- Interventions include medication, detox/MAT, groups, peer support, safety planning, crisis counseling, mindfulness

Proactive discharge planning

- Collaboration and coordination with community & family partners

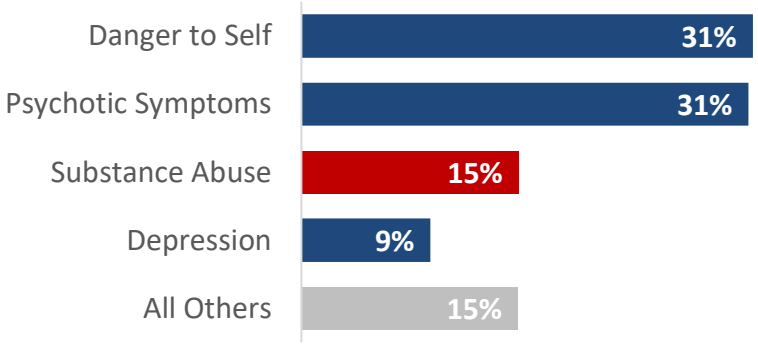
Most discharged to the community the following day

Avoiding preventable inpatient admission, even though they met medical necessity criteria when they first presented

connections HEALTH SOLUTIONS

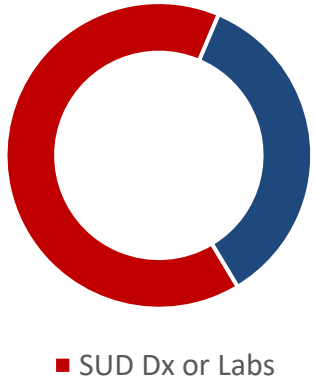
MH and SUD services are fully integrated at the payer level, which gives crisis providers the flexibility to treat co-occurring SUD based on the individual's needs.

15% of CRC adults present with **SUD as the primary concern,**

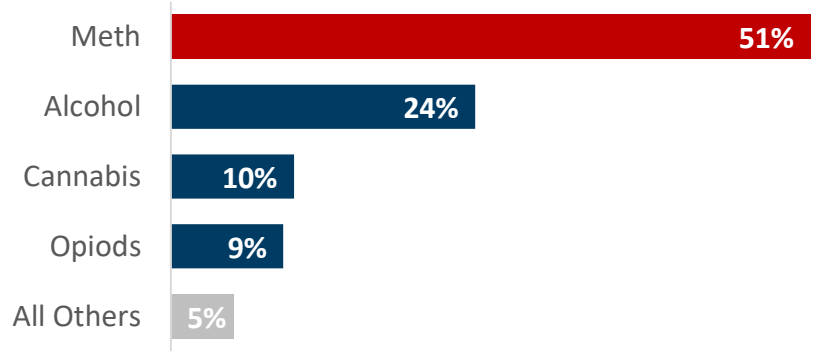


but…

65% have a **SUD diagnosis or positive toxicology results.**



Meth & alcohol account for **three quarters of SUD diagnoses.**



Crisis observation units provide

- Medically supervised detox
- Initiation of MAT
- SUD counseling & peer support
- Naloxone kits distributed at discharge

Youth and SUDs

- **28%** of CRC youth obs patients have a SUD diagnosis or positive toxicology result.
- The most common diagnoses are **Cannabis** (66%) followed by **Alcohol** (12%) and **Opiates** (11%).

connections HEALTH SOLUTIONS

Tucson Police Dept. Organizational Approach

Research shows that CIT is *most effective* when the training is VOLUNTARY. TPD mandates basic training for everyone, while more advanced training is voluntary. High rates of training are achieved through culture and by creating incentives to make the training desirable.

LEADERSHIP enacts organization-wide policies, procedures, training, culture

- Community Policing
- Guardian vs. Warrior
- Use of Force Continuum
- De-escalation Required
- Implicit Bias Training
- Officer Wellness

ALL officers receive Basic Training (Mental Health First Aid – 8 hours)

- Mental health basics and community resources
- De-escalation and crisis intervention tools

SOME officers receive Intermediate Training (CIT – 40 hours)

- ***Voluntary*** participation
- ***Aptitude*** for the population

SPECIALIZED Units receive CIT + Advanced Training

- ***Collaboration*** with behavioral health systems, social services, and other community partners
- Dedicated Specialty Teams:
  Mental Health Support Team
  Substance Use Deflection Team
  Homeless Outreach Team
  SWAT & Hostage Negotiators

100% of the dept is **MHFA trained**

60% of first responders & 911 call-takers are **CIT trained**

Specialty units are **100% CIT trained** & receive ongoing **Advanced CIT & other training**

Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf

Tucson Police MHST Model: A Preventative Approach

Dedicated Mental Health Support Team

Officers focus on **service & transport**.

- Locate and transport individuals with civil commitment pickup orders
- Hundreds have been transported to treatment without uses of force
- Develop relationships and recognize patterns
- Helps with CIT calls when needed

MHST officers wear plainclothes because it decreases the anxiety of the person receiving services and also has an effect on the officer's attitude.

Detectives focus on **prevention & safety.**

- Investigate calls that otherwise wouldn't be looked at (e.g. "I'm concerned about my neighbor")
- Connect people treatment before the situation escalates to a crisis
- Focus on public safety but avoid criminal justice involvement

The "weird stuff" detectives

Tucson's Police-MH Collaborative Response Model

Prevention

- Outreach
- Follow-up
- Multiple touches
- Lower urgency

Response

- De-escalation
- Intervention
- Discrete event
- Higher urgency

Breaking the Crisis Cycle

Outreach & follow-up can "break the cycle" by ensuring that the person is connected to the care they need to stay well in the community. Community-based peers and/or clinicians work with LE to help with engagement and navigating the mental health system.

Health-First Response

With 911/crisis line integration, calls are **triaged to a clinician-only response as early and often as possible**, with law enforcement involvement reserved for cases with higher safety risk or criminal nexus. Responding officers are CIT-trained and can request additional assistance if needed.

Safety Risk	Outreach & Follow-up	Acute Response
	Collaborative ***Dedicated LE specialty teams working with community-based peers*** - Follow-ups after OD or SUD deflection - Public safety risks: investigations & f/u - Homeless outreach	**Collaborative** ***CIT Trained Officer + assistance from the crisis system to fit the situation*** - CIT officer transport to CRC - Mobile crisis assist at suicidal barricades
	Clinician-Only ***BH System is responsible*** - "Second responders" - Case management - Timely access to needed care	**Clinician-Only** ***BH System is responsible*** - Crisis Line/988 - Mobile Crisis Teams - Transport to CRC/crisis facilities

Urgency

Dedicated Specialty Teams:

Prevention, outreach, & follow-up = more community stabilization

Mental Health Support Team (MHST)

- Mobile crisis clinician assigned to MHST detectives
- Investigations & follow-up for high-risk individuals

Percent of calls resulting in

involuntary hospitalization decreased from

60% to 20%

Substance Use Response Team (SURT) Deflection Program

- Peer co-responders focused on SUD and overdoses
- Option not to arrest for possession of small amounts

In the first 2 years,

2,000 people

connected to treatment instead of arrest

Homeless Outreach Team (HOT)

- Peer co-responders focused on homeless recovery
- Identify and engage with individuals instead of arrest

500 people

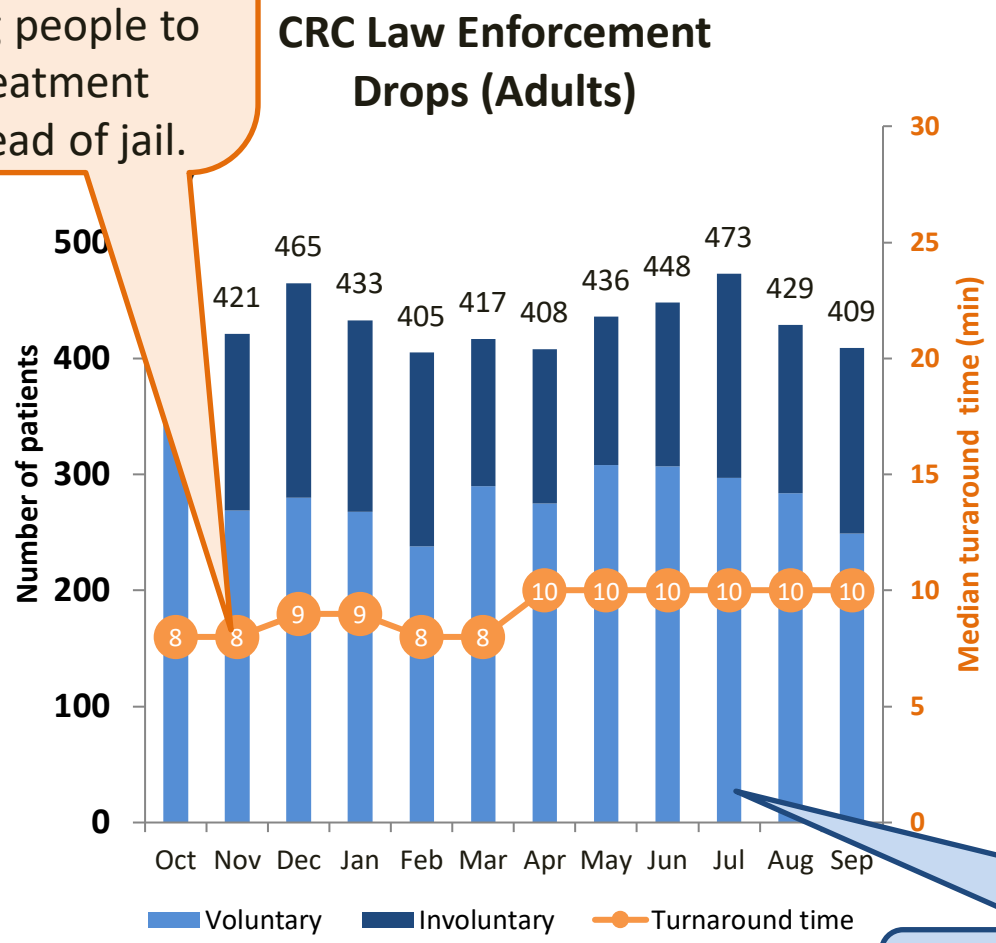
housed

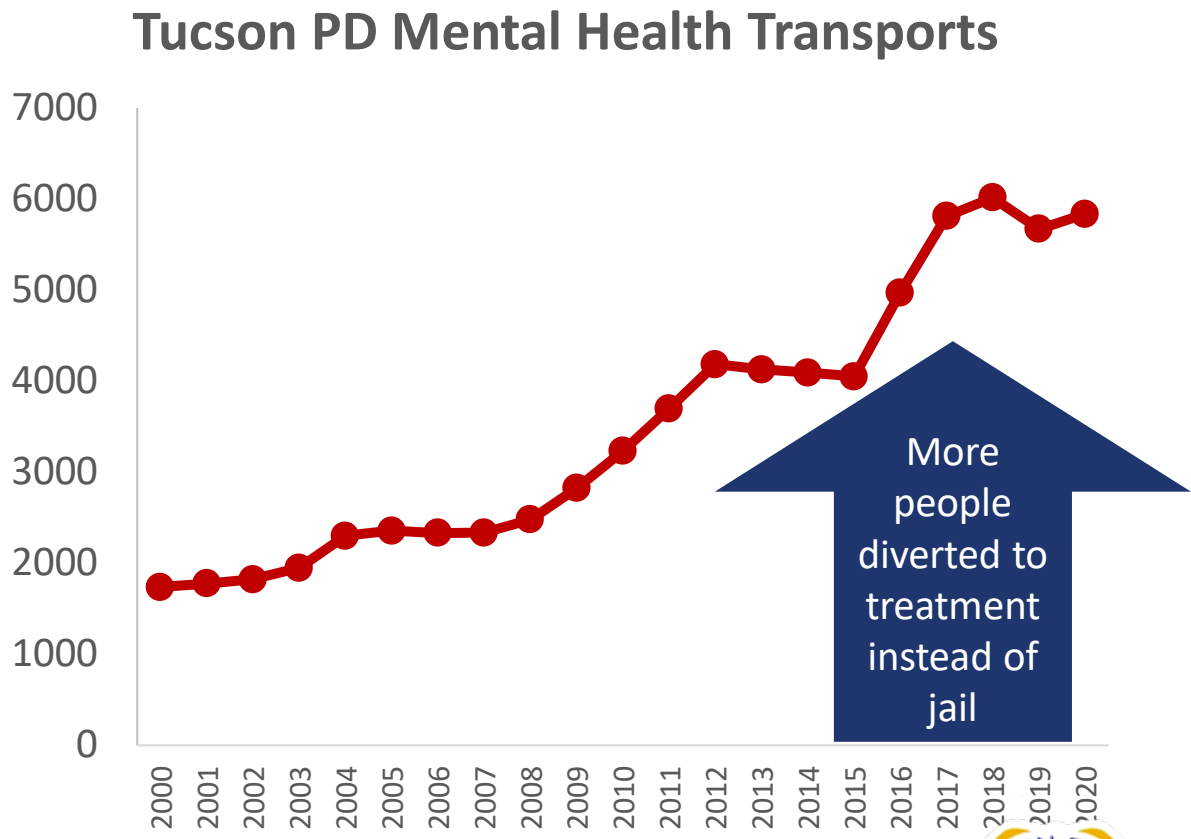
in the first 2 years of the program

Data courtesy Sgt. Jason Winsky at Tucson Police Department

MORE People Taken to Treatment…

Cops like quick turnaround time (10 min) so that it's easier to bring people to treatment instead of jail.





Most drops are voluntary (light bars), meaning the officers are engaging people into treatment.

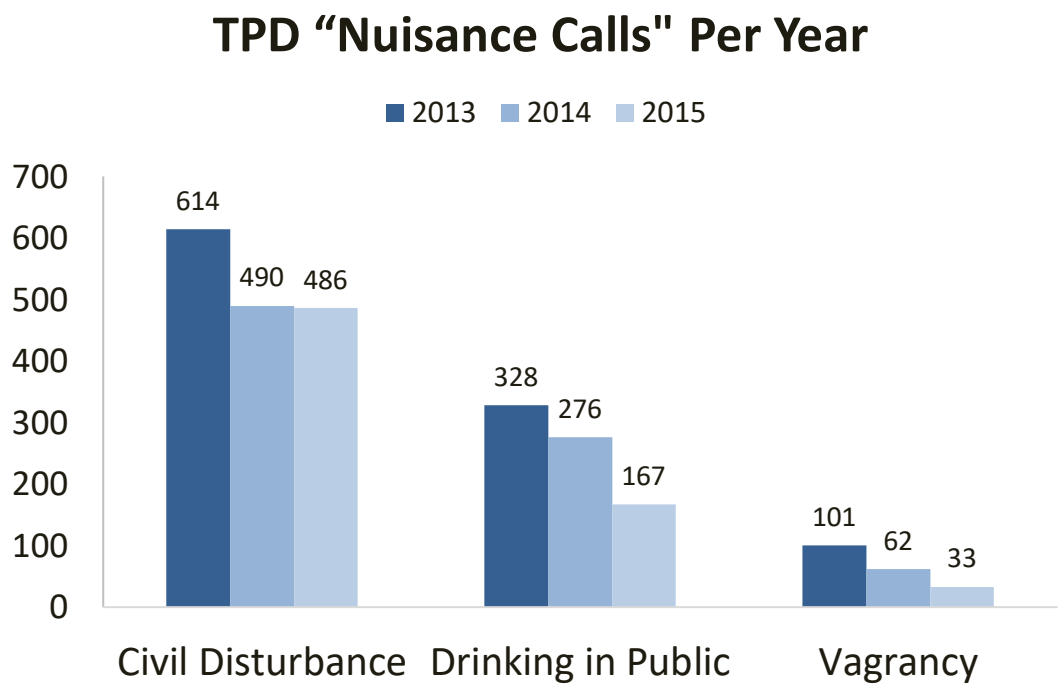
connections HEALTH SOLUTIONS

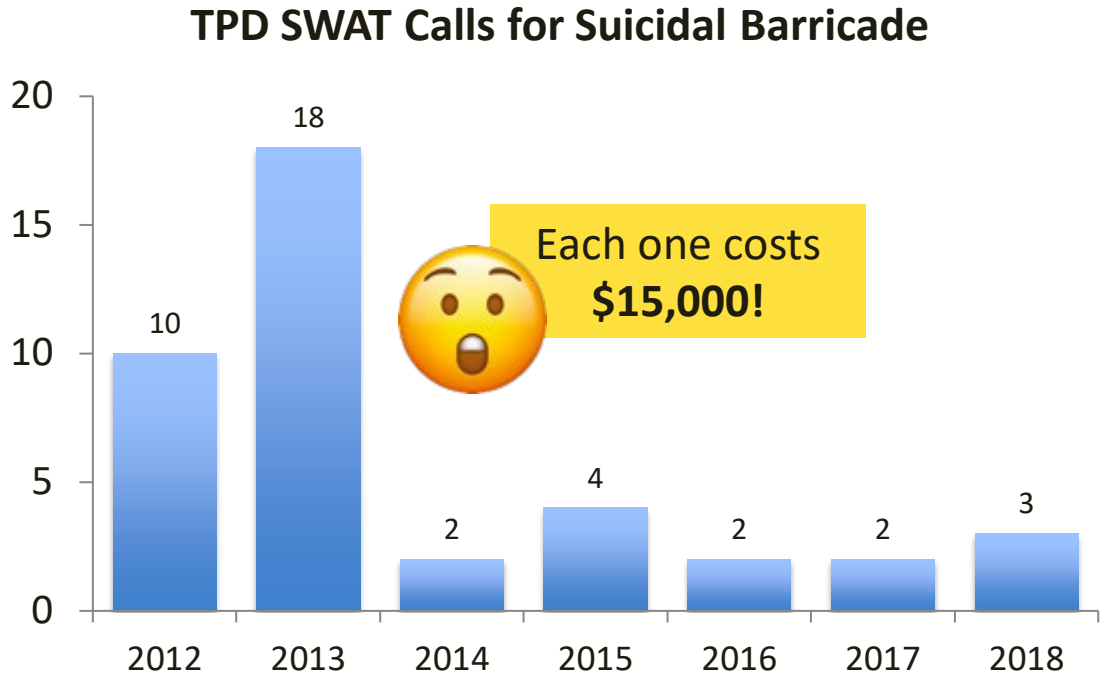
TUCSON POLICE DEPARTMENT

… and LESS Justice Involvement

Fewer calls for low-level crimes that tend to land our people in jail.

Culture change in how law enforcement responds to mental health crisis.





connections HEALTH SOLUTIONS

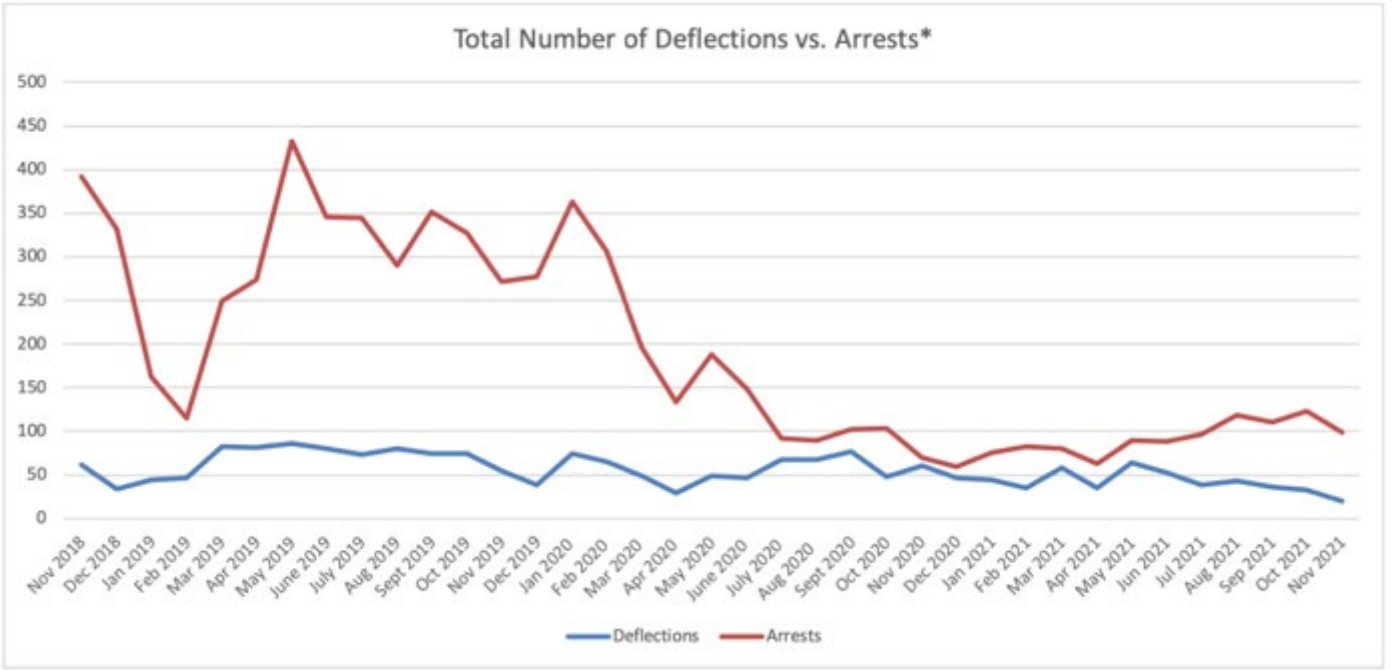
Balfour ME, Winsky JM and Isely JM; The Tucson Mental Health Investigative Support Team (MHIST) Model: A prevention focused approach to crisis and public safety. *Psychiatric Services*. 2017;68(2):211-212; https://dx.doi.org/10.1176/appi.ps.68203

TUCSON POLICE DEPARTMENT

Tucson PD Substance Use Deflection Program

Deflection Program Core Elements

1. Officers have discretion to deflect to treatment instead of arrest.
2. Angel Program provides connection to treatment for individuals who self-present asking for help.
3. Co-Responders: SURT Officer + peer for outreach and follow-up
4. Community partnerships:
   - **CODAC Health & Wellness** provides the peers co-responders and operates a 24/7 MAT clinic
   - The crisis system is always available for those who need it



- **69%** of individuals offered deflection **accepted it**.
- **50%** of deflection events resulted in **immediate transport** to a treatment provider.
- **Deflections took less time** (49 min) than arrest/citation (77 min)

Data courtesy Sgt. Ericka Stropka at TPD. Program Evaluation performed by:
Korchmaros J & Bentele K (2020). Tucson Police Department Deflection Program: Impact at 18 Months. Tucson, AZ: University of Arizona, Southwest Institute for Research on Women.

Return on Investment: Phoenix data

The Crisis Now Difference

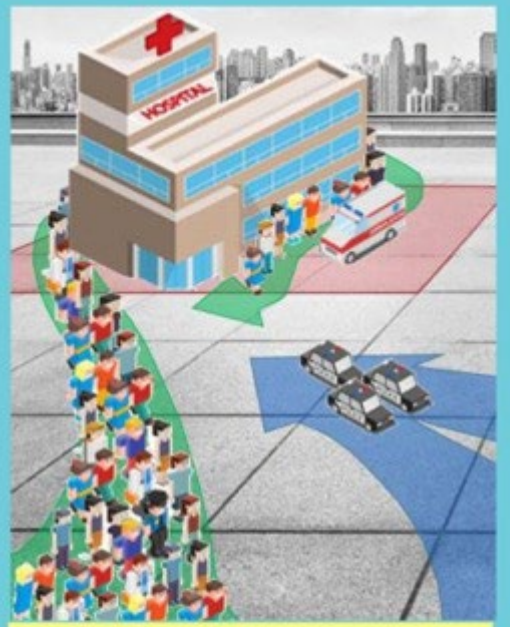
In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report

What difference did it make?

Improved Crisis Clinical Fit to Need (CCFN) by 6x

Reduced potential state inpatient spend by $260m



Saved hospital EDs $37m in avoided costs/losses

Reduced total psychiatric boarding by 45 years

Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Manthey)

Calculated from Arizona data, 2017

Saved the equivalent of 37 FTE Police Officers

Fire savings just starting.

BJA presentation at ISMICC (2017), Madison, Wisconsin data

connections HEALTH SOLUTIONS

Slide courtesy www.crisisnow.com

⑥ LEVERAGING MEDICAID FOR BH CRISIS RESPONSE SYSTEMS

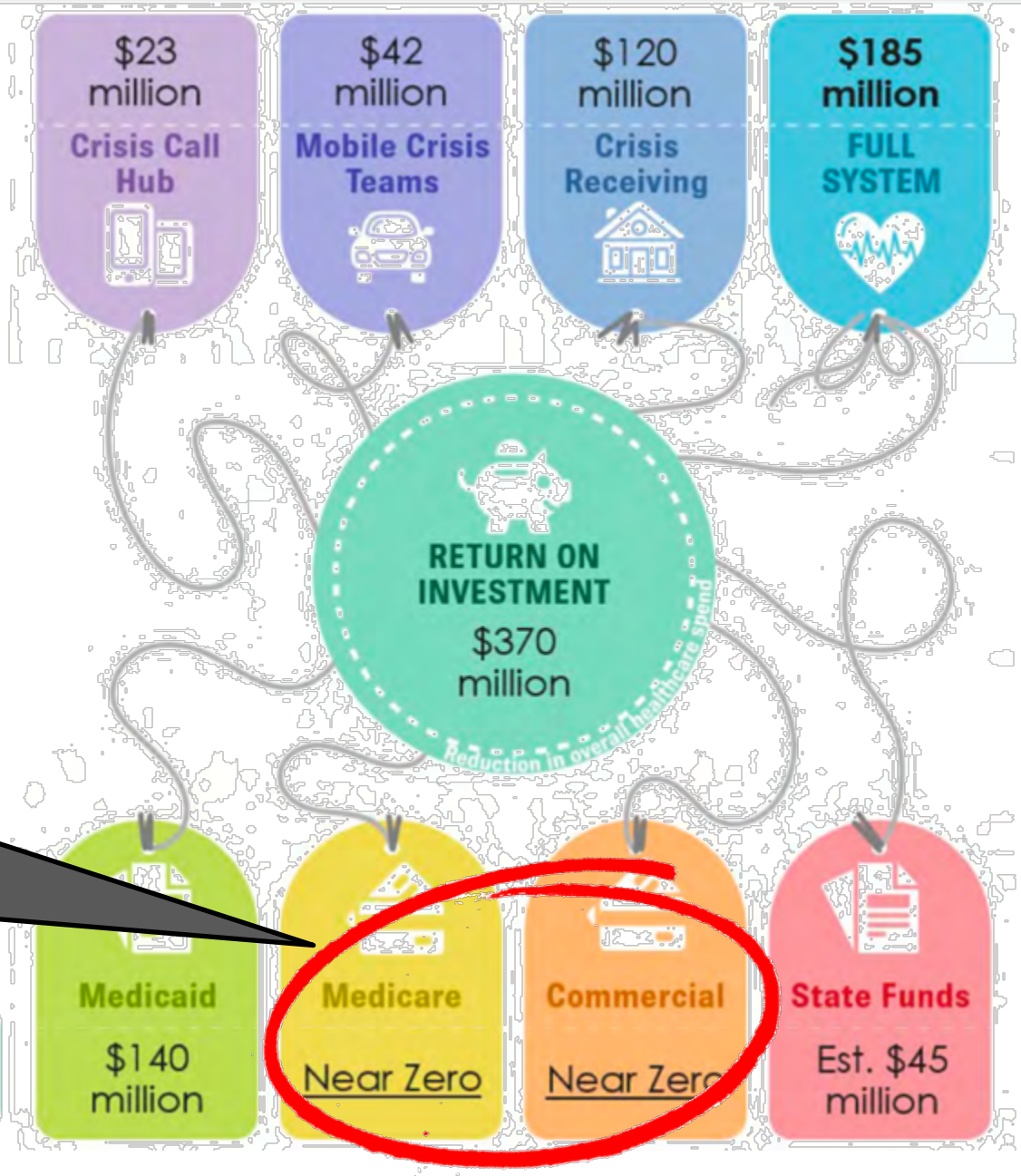
In building comprehensive crisis systems, states must leverage and shape Medicaid to become the key payer for crisis
cing structure guarantees federal
with no pre-set limit and allows
se as state spending increases.
n states, this is particularly critical
erage is provided for previously
tes also have the option to apply
Match to partially support crisis call

ADVOCACY ALERT!

BH Crisis Expansion Act
SB 1902/HB 5611

Bipartisan federal legislation that requires most insurance plans to cover crisis care.

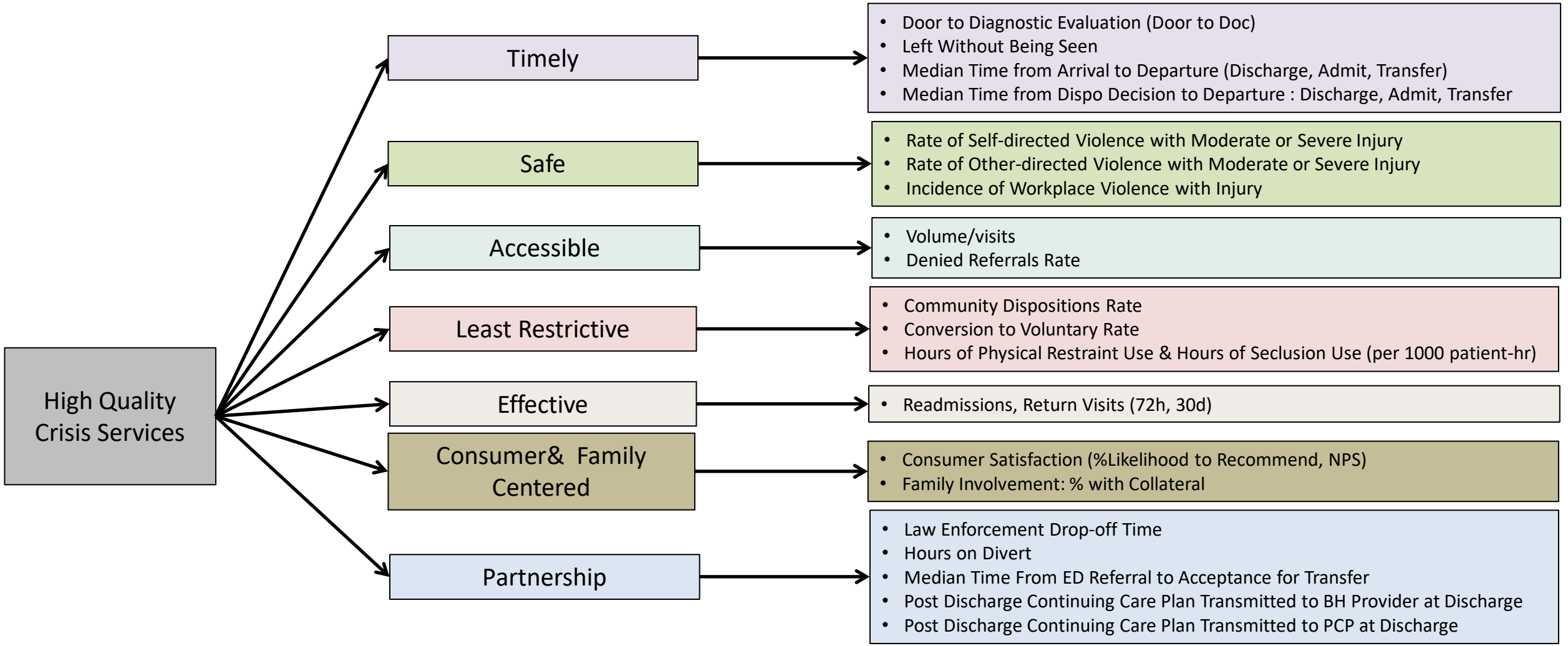
HOW TO **ARIZONA** CRISIS NOW



Infographic created by Tom Betlach
http://www.crisisnow.com

Connections CRISES Framework:

Quality metrics for facility-based crisis services



connections HEALTH SOLUTIONS

Adapted from: Balfour ME, Tanner K, Jurica PS, Rhoads R, Carson C. (2015) CRISES: Crisis Reliability Indicators Supporting Emergency Services. *Community Mental Health Journal*. 52(1): 1-9. https://doi.org/10.1007/s10597-015-9954-5

Progress towards national standards

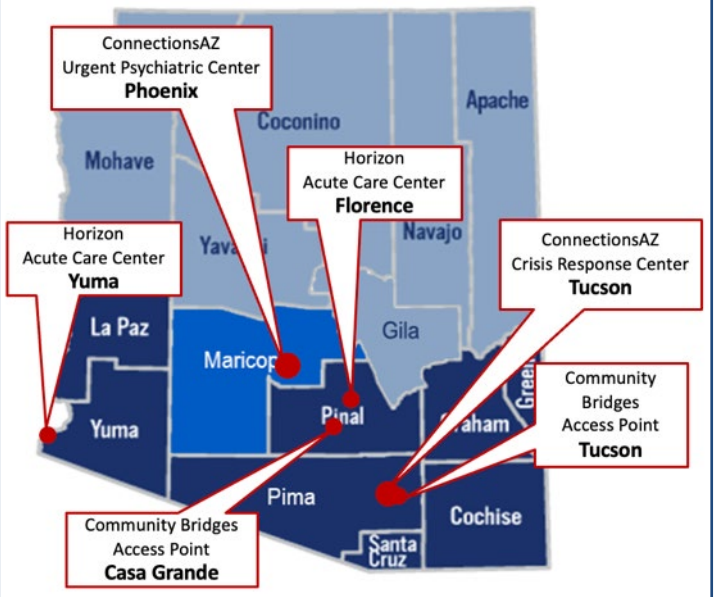
Connections Standard

CONNECTIONS Health Solutions - CRC BALANCED SCORECARD			
CODE	METRIC NAME	Mar-21	Apr-21
	ACCESSIBLE		
A1	Total Encounters/Episodes - ACIC	469	437
A2	Total Discharges- ACSU	598	562
A3	Total Adult Visits (ACIC/ACSU)	790	751
A3.1	Total Adult Unduplicated Visits (ACIC/ACSU)	674	653
A4	Total Discharges - STIU	87	83
A5	Total Patient Days - STIU	333	404
A6	Total Encounters/Episodes- YCIC	177	227
A7	Total Discharges - YCSU	93	111
A8	Total Youth Unduplicated Visits (YCIC/YCSU)	161	217
	TIMELY		
T1	Adult CIC MLOS (Minutes)	78	76
T2	Adult CSU MLOS (Hours)	19:57	21:42
T6	Adult Door to Doctor - Median Hours	1.5	1.7
T13	Adult Left Without Being Seen %	1.92%	2.52%
T3	STIU MLOS (Days)	2.85	2.95
T4	Youth CIC MLOS (Hours)	1:14	1:50
T5	Youth CSU MLOS (Hours)	27:02	38:17
T14	Youth Left Without Being Seen %	0.00%	0.88%
	SAFE		
S13	Count Transfer to ED/911 calls	2	1
S14.1	Breezeway Transfer Rate - Adult	1.4%	2.2%
S14.2	Breezeway Transfer Rate - Youth	0.0%	0.0%
	LEAST RESTRICTIVE		
L2.1	Adult Obs: Hours of Restraint Use per 1000 observation patient hours	0.413	0.560
L2.2	Adult IP: Hours of Restraint Use per 1000 inpatient hours	0.220	0.026

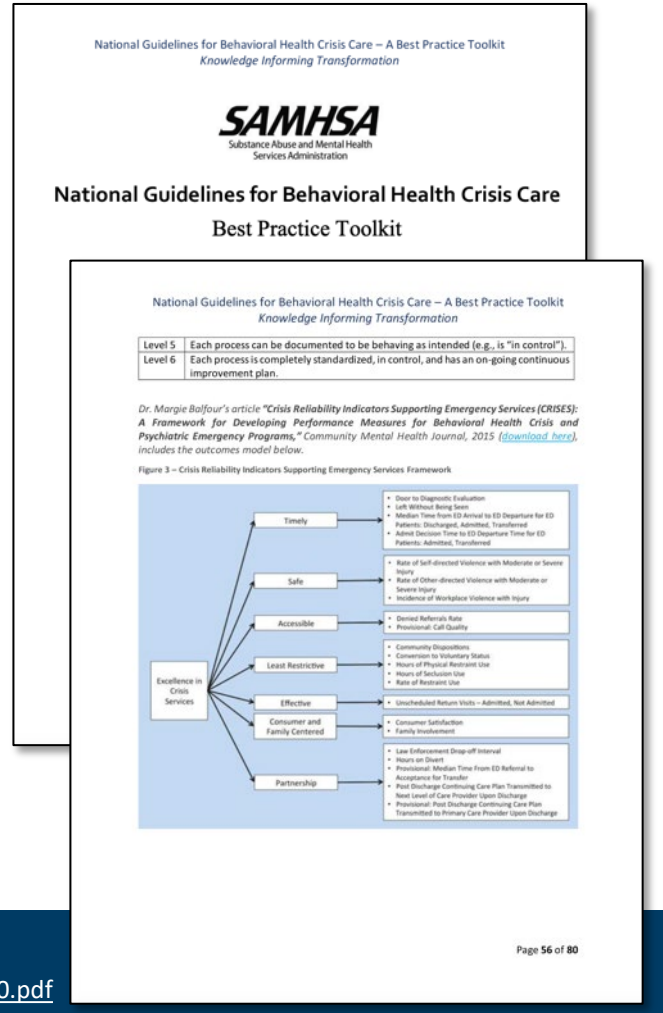
Arizona Standard

The **Regional Behavioral Health Authority** requires the other 23h crisis facilities to use the same framework for quality measurement.

arizona complete health



National Standard



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

SAMHSA
Substance Abuse and Mental Health Services Administration

National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

Level 5	Each process can be documented to be behaving as intended (e.g., is "in control").
Level 6	Each process is completely standardized, in control, and has an on-going continuous improvement plan.

Dr. Margie Balfour's article ***"Crisis Reliability Indicators Supporting Emergency Services (CRISES): A Framework for Developing Performance Measures for Behavioral Health Crisis and Psychiatric Emergency Programs,"*** *Community Mental Health Journal, 2015 (download here), includes the outcomes model below.*

Figure 3 – Crisis Reliability Indicators Supporting Emergency Services Framework

Page 56 of 80

SAMHSA. (2020, April). *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

connections HEALTH SOLUTIONS

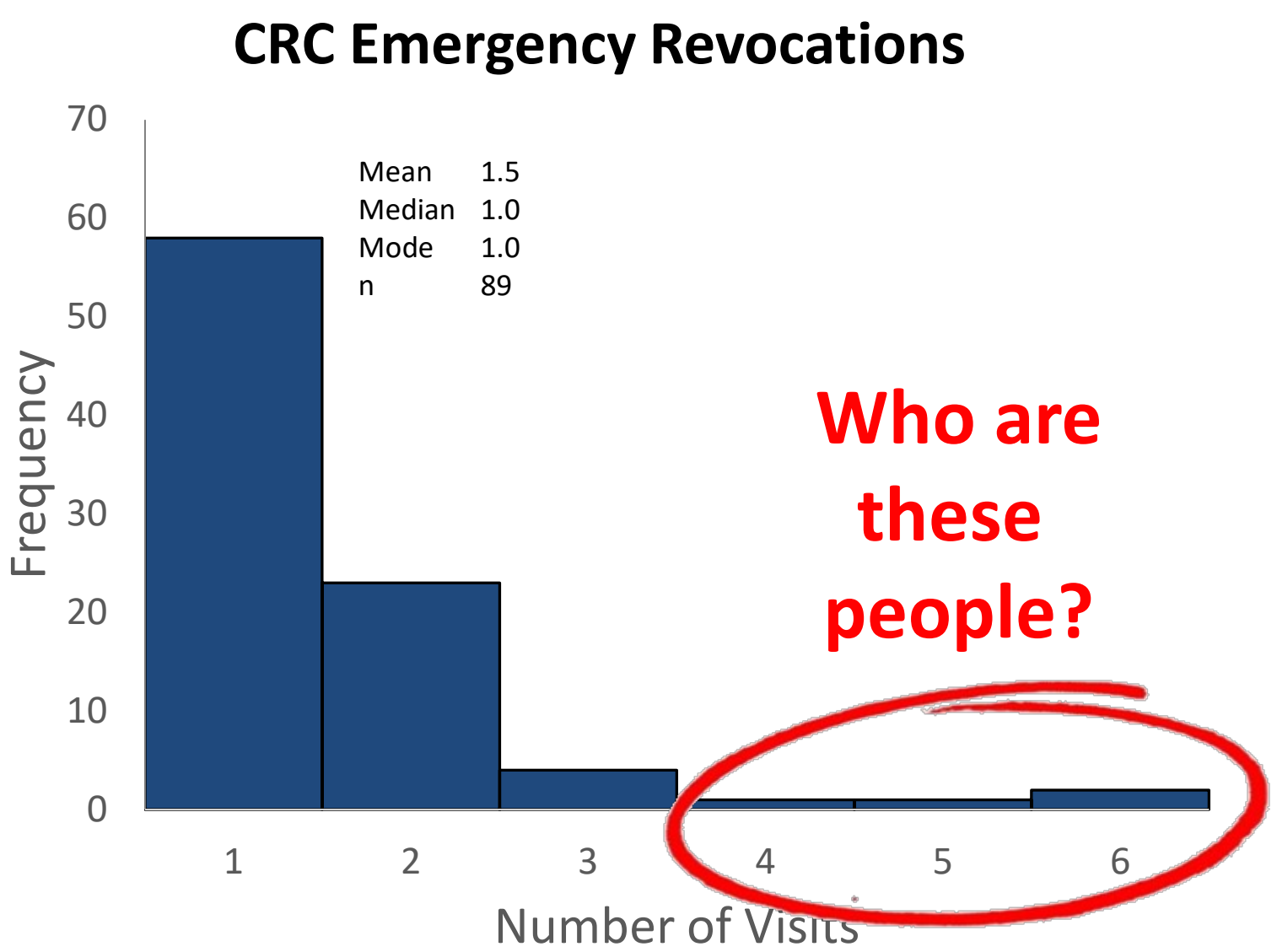
Systems Approach: How can crisis data help improve the whole behavioral health system?

Every crisis visit is a **story** about how someone **couldn't get their needs met** in the community.

If we **turn the stories into data**, it can **reveal trends** about things that need improving in the overall behavioral health system.

Using Data to Solve Complex Problems

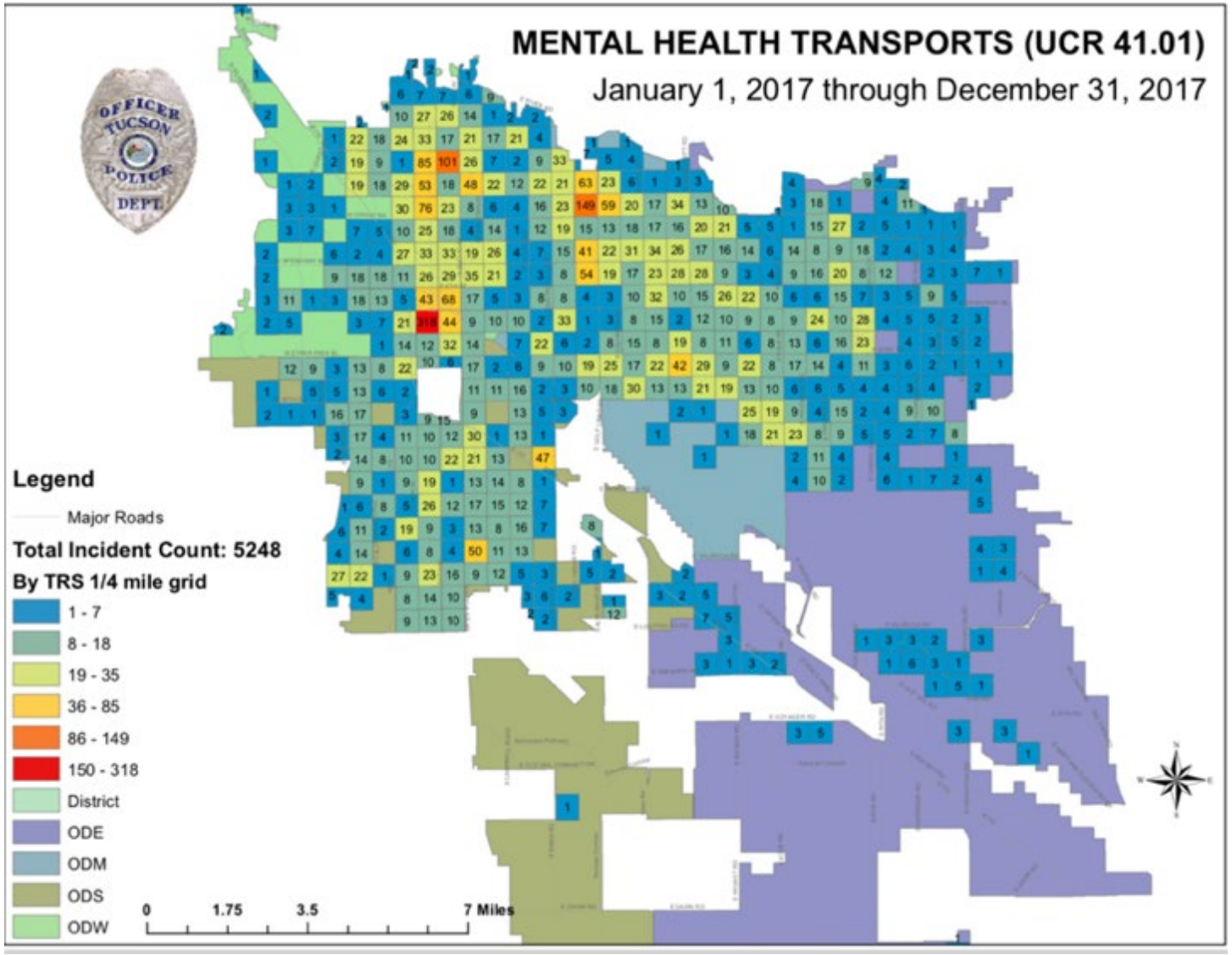
Example:
Repeat revocations to the CRC
for individuals on COT
(outpatient civil commitment)



connections HEALTH SOLUTIONS

Where are these individuals coming from?

Can we target interventions to prevent the need for involuntary law enforcement transports?



Courtesy Sgt. Jason Winsky, Tucson Police Dept.

connections HEALTH SOLUTIONS

“The Group Home Guy”

Multiagency QI Process to reduce repeat civil commitment orders

A “Swim Lane” diagram shows how each agency plays a role in making the new process work.

Group Home

Crisis Line

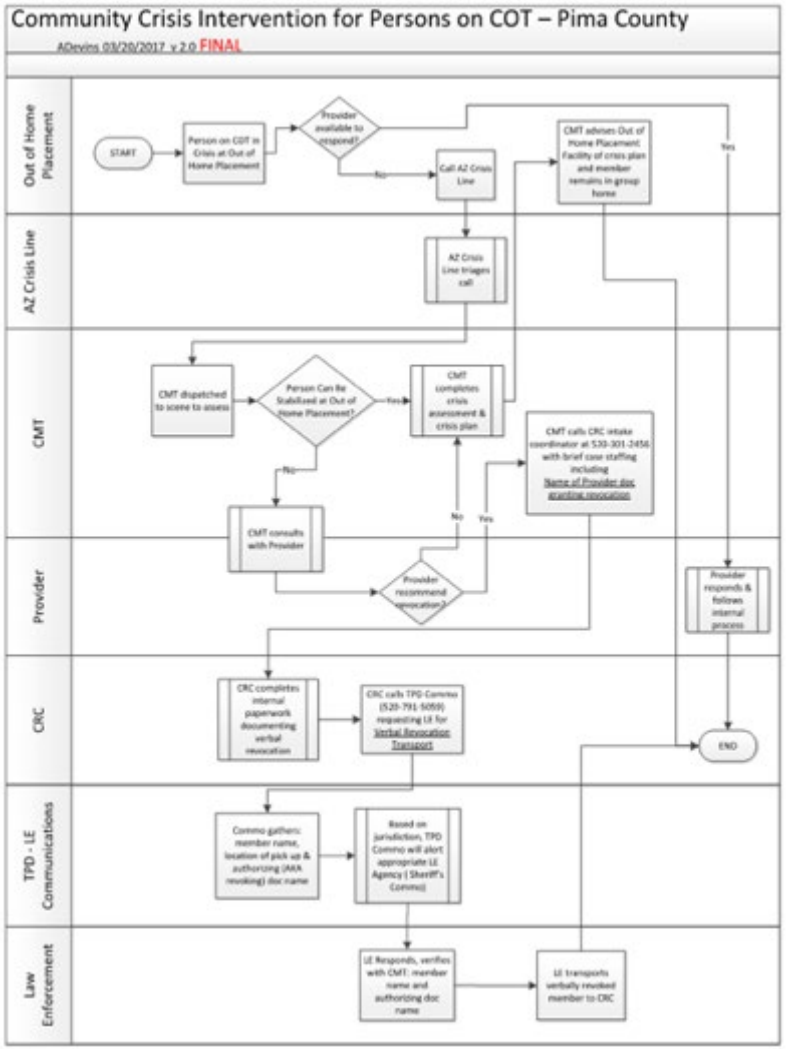
Mobile Crisis Team

Outpatient Clinic

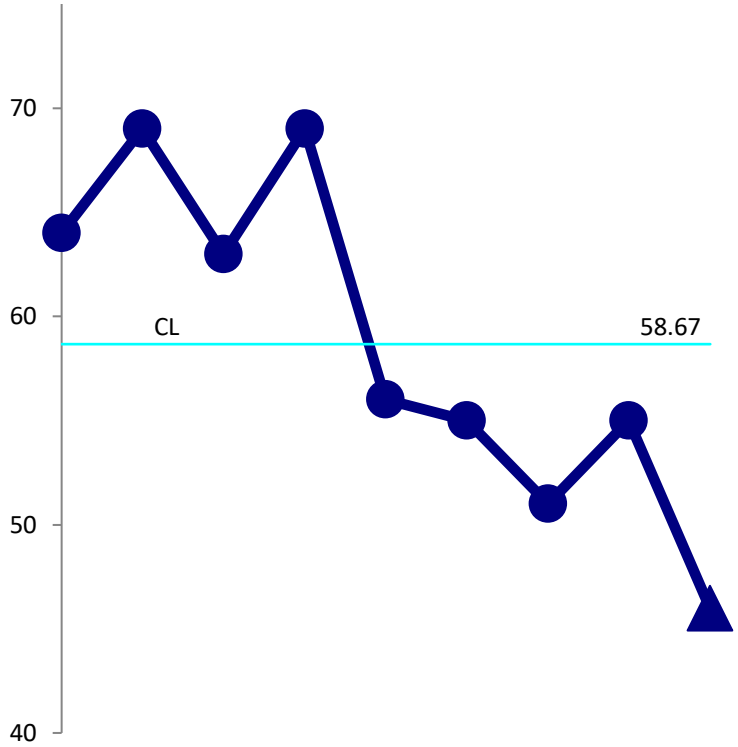
Crisis Response Center

911 Communications Center

Law Enforcement



Decrease in CRC COT Revocations Per Month



Courtesy of Amy Devins, Arizona Complete Health

41
connections HEALTH SOLUTIONS

Key Ingredients

- Systems approach
- Underlying governance & financing structure that supports
  - A robust continuum of crisis services
  - Oversight & accountability
  - Alignment towards common goals & clinical outcomes
- Culture of communication, collaboration and problem solving
  - **“Figure out how to say YES instead of looking for reasons to say NO.”**
- Data-driven decision-making

Roadmap principles create a strong foundation for collaboration & innovation.

Pima County's Roadmap:
It took a LONG time and LOTS of collaboration to get where we are today.

2000

< City (Tucson) MH Court

2001

CIT Program started >

2002

2004

Felony > MH Court

< Mobile Crisis Teams

2006

Bond passes > to build crisis facility

2007

Jail Based > Restoration to Competency

2010

< Pima County **Office of BH Administrator**

< DTAP Program Drug Treatment Alternative to Prison

2011

Jan 8 2011 shooting > at *Congress On Your Corner*

< Peers in the Jail

< Crisis Response Center opens Aug 2011

2012

< Rural MH Courts

Law Enforcement MH Support Teams

< PCSO TPD >

2013

2014

Jail + MH **Data Exchange** < JHIDE Analytics >

2015

2016

MacArthur Grant > awarded to Pima County

2017

< Co-responders (cop + clinician)

< Repeat T36 Utilization (civil commitment/AOT)

Data Sharing Task Force

< 24/7 access to MAT

< 100% MHFA training achieved TPD + PCSO

2018

< MH First Aid Training for law enforcement begins

< Learning Site designation by Dept of Justice

< MHFA Impact Award National Council for BH

< Repeat Jail Detainees Task Force

2019

< 911/crisis line co-location

< CoMPaSS Court Consolidated misd. problem-solving court

< Drug Deflection UMATTER program

< Homeless Outreach Team

(2020)

2021

< STEPS Court pre-adjudication diversion

connections HEALTH SOLUTIONS

43

Getting There…

988 + covid + police reform are catalyzing federal, state, and local leaders to address the need for crisis services.

- Federal legislation and funding in Covid relief bills, specific BH bills, federal budget
- States implementing telecom fees and other legislation
- Local leaders creating alternatives to police response, crisis facilities

The future, hopefully!

Legislation & Advocacy: Federal

- **Passed:** American Rescue Plan and other federal legislation
  - SAMHSA MHBG increased to $757m + 5% crisis set-aside
  - Increased Medicaid federal match (FMAP)
    - 85% for mobile crisis
    - 10% increase for Home and Community Based Services (HCBS)
  - $15m for 988 and Mobile Crisis planning grants to states
  - $25m to strengthen Lifeline
  - $250m for CCBHCs
- **To do:** Lots of legislation in progress and rapidly changing
  - BH Crisis Expansion Act (HR 5611/S 1902)
  - 988 Implementation Act (HR 7116, no Senate companion bill yet)
- **Good news: Lots of bipartisan support ☺**

BH Crisis Expansion Act

S-1902/HR-5611

- *Sen Cortez Masto (D-NV) and Cornyn (R-TX)*
- Directs HHS to create national definitions and standards for crisis services
- ➢ Requires all federally regulated insurance to cover crisis services (Medicare, ACA, Employer, VA, Tricare)
- Funding for technical assistance to help communities create crisis services
- Expert panel to help improve 988 and 911 coordination

More Info: https://www.cortezmasto.senate.gov/news/press-releases/cortez-masto-and-cornyn-introduce-bipartisan-legislation-to-overhaul-nationwide-mental-health-crisis-response

Text: https://www.congress.gov/bill/117th-congress/senate-bill/1902/all-info

988 Implementation Act

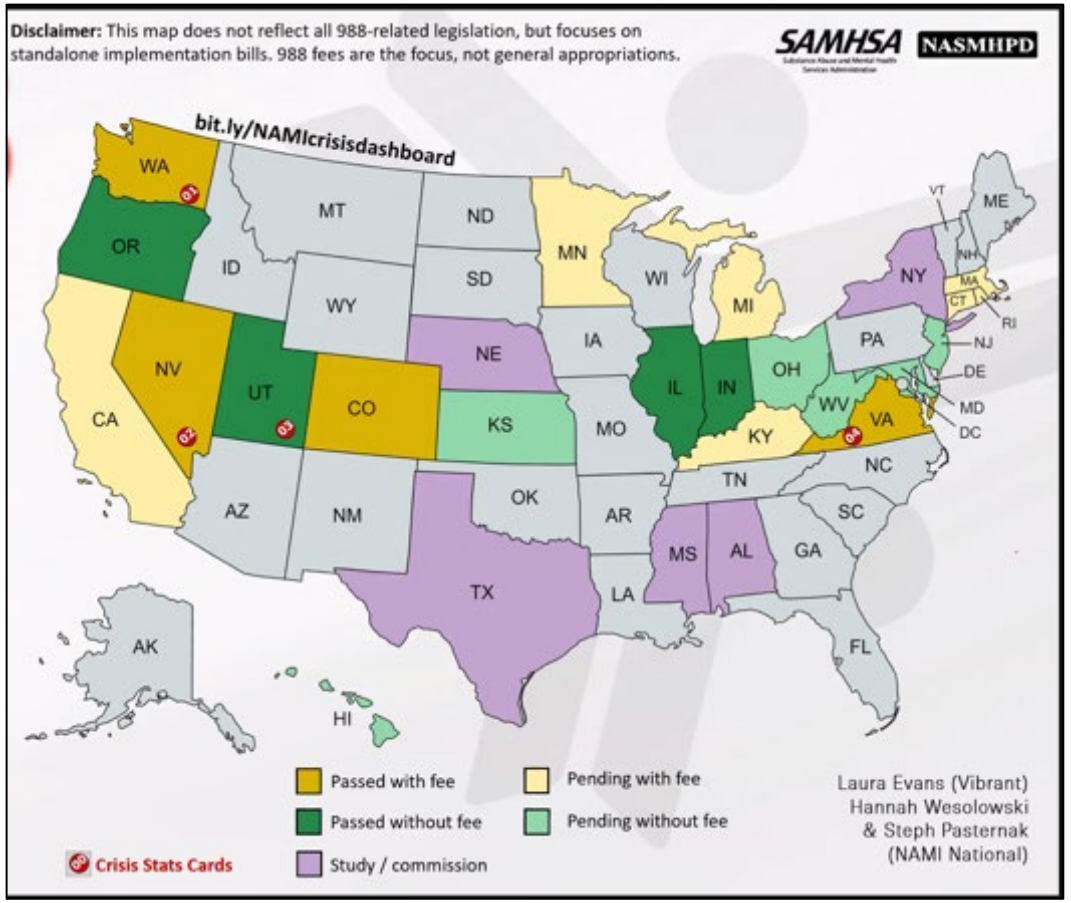
HR 7116

- *Rep Tony Cardenas (D-CA), Brian Fitzpatrick (R-PA) and others, no Senate companion yet*
- Makes permanent the increases to SAMHSA MHBG ($2.235 billion with 10% crisis set aside)
- Creates and funds a Behavioral Health Crisis Coordinating Office to develop standards
- Funding for 988 infrastructure
- Increased Medicaid funding for phones, mobile, facilities
- Capital funding via HRSA for building crisis centers
- Workforce development, including loan repayment for working in crisis settings
- Exempts short-term crisis facilities from the IMD exclusion

Info: https://cardenas.house.gov/imo/media/doc/988%20Implementation%20Act%20Packet.pdf

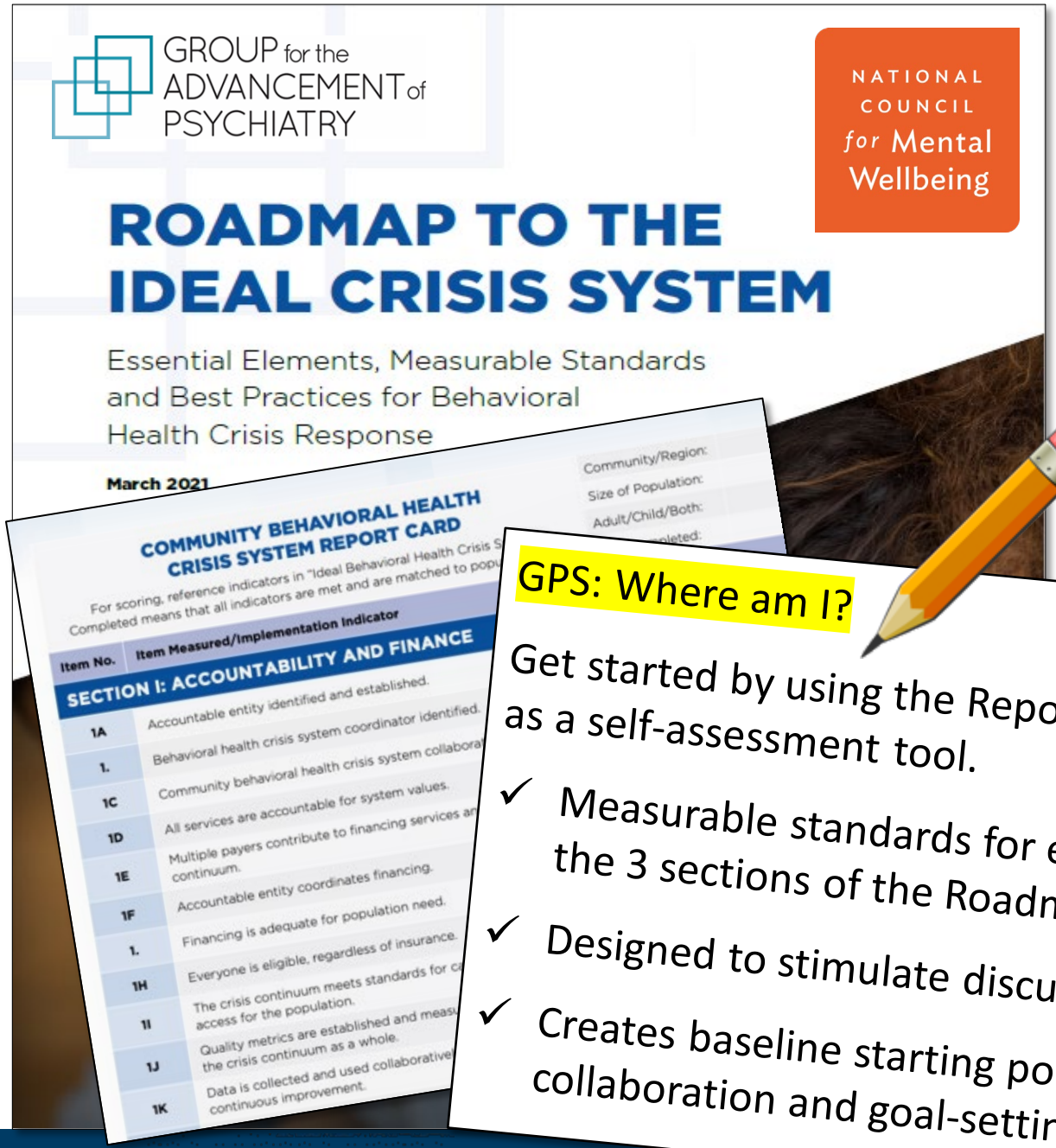
Text: https://www.congress.gov/bill/117th-congress/house-bill/7116

Legislation & Advocacy: State Level



- Many states have implemented legislation to fund 988 via telecom fees
- Some have passed legislation to fund mobile teams and crisis facilities
- State-level advocacy is needed to encourage states to
  - Take advantage of planning grants, MHBG crisis set aside, and other federal funds
  - Leverage Medicaid: take advantage of increased FMAP, open crisis codes
  - Clear the regulatory path: licensure etc.

State 988 Legislation Tracker: http://bit.ly/NAMIcrisisdashboard



GPS: Where am I?

Get started by using the Report Card as a self-assessment tool.

- ✓ Measurable standards for each of the 3 sections of the Roadmap
- ✓ Designed to stimulate discussion
- ✓ Creates baseline starting point for collaboration and goal-setting

Roadmap Learning Community
Ongoing pilot with 5 communities across the US

++ New Roadmap tools in the works ++

New CrisisRoadmap.com website
Preview at dev.CrisisRoadmap.com

Scenic Routes In-depth explorations of specific topics such as difficult-to-reach populations

Driver's Ed
Curricula and training materials
Expanded learning communities

Roadside Assistance
Consultation and peer-to-peer TA

Atlas Curated collection of news & other resources

connections HEALTH SOLUTIONS

Advocacy: Staying Up to Date

- **Weekly ”Crisis Jam” webinar centered around 988 implementation**
  - Legislative updates
  - SAMHSA updates
  - Featured presentation each week
  - Wednesdays at noon ET
  - https://talk.crisisnow.com/learningcommunity/
- **MHA Action Alerts:** https://mhanational.org/issues/action-alerts
- **NAMI Re-imagine Crisis Advocacy Center**
  - https://www.nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response
- And check with your state/local chapters

Questions?

Margie Balfour, MD, PhD
Connections Health Solutions
Chief of Quality & Clinical Innovation
Associate Professor of Psychiatry, University of Arizona
margie.balfour@connectionshs.com

Further Reading:

- ***Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.***
  Paper: https://bit.ly/CopsCliniciansBothPaper
  Podcast: https://bit.ly/CopsCliniciansBothPodcast
- ***Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards, and Best Practices for Behavioral Health Crisis Response***. http://www.CrisisRoadmap.com
- ***Psych News overview of Tucson model:***
  https://doi.org/10.1176/appi.pn.2022.1.7

Tucson is one of the DOJ's
Law Enforcement - Mental Health Collaboration Learning Sites
Funding for a visit may be available.
https://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/